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MINISTRY OF HEALTH

Baby Friendly Community Initiative

A Training Manual for Community Health Volunteers (c-BFCI)

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Baby Friendly Community Initiative

**A Training Manual for
Community Health Volunteers
(c-BFCI)**

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Foreword

IN Kenya, child malnutrition is a significant public health challenge contributing close to a half of all deaths among children under five years of age, reduced productivity at adulthood and huge economic losses estimated at 6.9 percent of the Gross Domestic Product. One in four children under five years are stunted; a prevalence categorized as high threshold, while 4 and 11 percent are wasted and underweight respectively. Malnutrition is caused by inadequate dietary intake, diseases, inadequate child and maternal care, insufficient access to food, poor health services, unsafe water and poor sanitation.

The urgency for addressing malnutrition is evident in the Kenya Health Policy 2014-2030 which has identified child and maternal underweight and suboptimal breastfeeding as leading risk factors to morbidity and mortality.

Further, the Kenya Nutrition Action Plan (2018-2022) outlines key result areas for accelerating elimination of malnutrition. Over the past decade, the Ministry of Health has been implementing high impact health and nutrition interventions such as exclusive breastfeeding, complementary feeding and maternal nutrition, aimed at improving health and nutrition status of mothers and children. In spite of this, 4 out of 10 children are still not exclusively breastfed, with disparities existing across the 47 counties. Additionally, complementary feeding remains suboptimal with only 22 percent of children aged 6-23 months consuming diets that meet their daily nutritional needs. Therefore, a continuum of care is needed in the first 1000 days i.e., throughout pregnancy, childbirth and the postnatal period in order to improve maternal infant and child nutrition hence reduce morbidity and mortality and consequently improve child survival.

The Ministry is implementing the Universal Health Coverage (UHC), one of the “Big Four” Agenda with a lot of focus directed to strengthening delivery of health services at the community level. Noting that most of the high impact nutrition interventions (HINI) are implemented at the community level by Community Health Volunteers (CHVs) it is important that they (CHVs) have the requisite nutrition knowledge. The Ministry through the Division of Nutrition and Dietetics is promoting the Baby Friendly Community Initiative (BFCl), an innovative community based approach for empowering communities to adopt HINI, specifically optimal breastfeeding, appropriate complementary feeding and maternal nutrition, environmental sanitation and hygiene. The community-BFCl (c-BFCl) manual has been developed to facilitate training of CHVs and stakeholders providing nutrition sensitive services at community level. The manual covers a wide range of topics: basic nutrition, exclusive breastfeeding, complementary feeding, Breast Milk Substitutes Act, growth monitoring and promotion, early childhood development and stimulation, household food and nutrition security and establishment of baby friendly communities.



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Acronyms

AAA	Assess Analyse Act
ACF	Action Against Hunger
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Therapy
ARV	Antiretroviral
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
c-BFCI	CHV – BFCI
CHA	Community Health Assistant
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHMT	County Health management Team
CHS	Community Health Services
CHV	Community Health Volunteers
CMSG	Community Mother Support Group
CU	Community Unit
e-MTCT	Elimination of Mother To Child Transmission
EBF	Exclusive BreastFeeding
ECD	Early Childhood Development
FAO	Food and Agriculture Organization
FATVAH	Frequency, Amount, Texture, Variety, Active feeding, Hygiene
GIZ	German Corporation for International Cooperation
GMP	Growth Monitoring and Promotion
HAART	Highly Active Anti-Retroviral Therapy
Hb	Haemoglobin
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
IFAS	Iron and Folic Acid Supplementation
KAP	Knowledge Attitudes and Practices
KDHS	Kenya Demographic Health Survey
KHIS	Kenya Health Information System
KNAP	Kenya Nutrition Action Plan
KNH	Kenyatta National Hospital

KRCS	Kenya Red Cross Society
LAM	Lactation Amenorrhea Method
LLITN	Long Lasting Insecticide Treated Nets
MCH	Maternal Child Health
MIYCN	Maternal, Infant and Young Child Nutrition
MNPs	Micro Nutrient Powders
MOH	Medical Officer of Health
MtMSG	Mother-to Mother Support Group
MUAC	Mid-Upper Arm Circumference
OTT	Observe Think Try
PCF	Primary Care Facility
PMTCT	Prevention of Mother-To-Child Transmission
SCHMT	Sub County Health management Team
SMART	Standardized Methodology for Assessment of Relief and Transition
TOT	Training of Trainer
TT	Tetanus Toxoid
UNICEF	United Nations Childrens Fund
VDRL	Venereal Disease Research Laboratory
WHO	World Health Organization

Introduction

The Ministry of Health through the Division of Nutrition and Dietetics has adopted Baby Friendly Community Initiative (BFCl) as one of the outcome indicators in the Kenya Nutrition Action Plan (KNAP); Key Result Area 1: Maternal, Infant and Young Child nutrition (MIYCN) which aims to promote optimal nutrition amongst women of reproductive age (non-pregnant, pregnant and breastfeeding women 15-49 years), neonates, infants and young children. BFCl is a multifaceted program for community-based breastfeeding promotion as an expansion of 10th step of baby friendly hospital initiative, focusing on support for breastfeeding mothers after leaving the hospital.

Information on how to feed young children comes from family beliefs, community practices, information from health workers and community health volunteers. Advertising and commercial promotion by food manufactures is sometimes the source of information to many people, both families and health workers. It has often been difficult for health workers and community health volunteers (CHVs) to discuss with families how best to feed their young children due to the confusing, and often conflicting information available. Inadequate knowledge about how to breastfeed, the appropriate complementary foods to give and good feeding practices are often greater determinants of malnutrition than the availability of food. There is therefore need to train all those involved in infant and young child feeding counselling at all levels, in the skills needed to protect, promote and support breastfeeding and optimal complementary feeding practices.

Purpose of the course

The c-BFCl course aims to provide Community Health Volunteers (CHVs), Community Mother Support Group (CMMSG) members and lead mothers with knowledge and skills to support mothers/caregivers to adopt optimal maternal, infant and young child feeding practices as recommended by WHO & UNICEF through the implementation of the 8 steps to BFCl and compliance to the BMS (Regulation and Control) Act, 2012 in line with the international code of marketing of breast-milk substitutes.

Course Objectives

After completing this course, participants will be able to

1. Gain knowledge and skills on MIYCN.
2. Establish and maintain a baby friendly community unit which involves:

- a) Establishing CMSG
 - b) Mapping of households
 - c) Establishment of Mother to Mother support groups.
 - d) Household visits.
3. Assess children growth monthly using MUAC measurement and check the growth curve and counsel or refer as appropriate
4. Document and report on monthly basis.
- Note that each of the sessions has a set of learning objectives to guide training and participants track their acquisition of necessary skills and competencies.*

Target Audience

This course is meant for all level one health or related workforce including:

1. Community health volunteers in established community units who should preferably be trained on the basic Community Health Services (CHS) module. Having training on technical module 8 is an added advantage but need not be a requirement.
2. Members of the community mother support group (CMSG) selected to support the particular community unit (CU).
3. Lead mothers of existing mother-to-mother support groups.
4. Extension workers from nutrition sensitive sectors e.g. ECD teachers, Agriculture, Livestock and Fisheries.

The Trainers

The trainers of this c-BFCI course should have completed the six day BFCI course for service providers and the five day c-BFCI trainer of trainer (TOT teach-back methodology) course.

It is essential that the trainers are practising training on MIYCN course and are competent on counselling skills required. It is recommended to have a master Trainer during c-BFCI training to backstop to standardize delivery of content.

The Course Layout

The course is divided into 9 units, which take approximately 40 hours inclusive of meal times and the opening and closing ceremonies. The course is best conducted consecutively in a working week. The sessions use a variety of teaching methods, including lectures, demonstrations, small group discussions/working groups.



Course materials

The training manual

The training manual contains what you, the trainer, need in order to lead participants through the course. The manual contains the information that you require including subtitles for each concept, what participants are expected to learn, duration per session and concept and step by step guide for logical flow. Further, the manual provides notes to help the trainer discuss different concepts presented as notes in information boxes. Detailed instructions on how to conduct the exercises that participants will undertake, together with answers, summary sheets, forms, checklists and stories used during the practical sessions of the course are also provided as steps.

This is your most essential tool as a trainer on the course. It is recommended that you use it at all times and add notes to it as you work. These notes will help you in future courses.

National MIYCN counselling cards

The National MIYCN counselling cards are one of the major teaching aids in the cBFCI course. Participants should have access to one as they are the main source of information for them. They contain key messages CHVs will communicate to mothers and caregivers during house hold visits, Mother-to-Mother support group meetings, community baby friendly gatherings, among other forums. As the main material to be used by the CHVs during implementation of BFCI participants need to be very conversant with the content thus the frequent referral throughout the training.

Participants' Handout

A Participant's handout is provided for each participant as a training aid. This contains information that the trainer will need participants to refer to in the course of the training. This handout can be used for reference after the course. Participants can add notes to it as the course progresses for future reference.

Training aids

A comprehensive cBFCI training checklist is available as annex 1 in the training manual. It is categorized into 1) equipment and stationery 2) demonstration items 3) food items and 4) items to print/photocopy including the time table, pre-post test and other teaching aids which are annexes in the training manual.

It is best to print out a copy for use during planning.

CLIMATE SETTING SESSION:

INTRODUCTION, EXPECTATIONS, COURSE OBJECTIVES, PRE-TEST

Objectives

By the end of this session, participants will be able to;

1. Get to know fellow participants, facilitators, and resource persons
2. Discuss Participants' expectations, compare with objectives of the training, and clarify the priorities/focus of the course
3. Identify the knowledge level of participants on BFCI

Duration: 1hr 15 minutes

Materials:

- Flip charts and stand (+ assorted markers + masking tape or sticky putty)
- Name tags – encourage use of local materials rather than use of purchased materials as they may not easily available in the community, e.g. use pieces of paper and tape or pins
- Participants' folders with a book and pen (Optional)
- Course timetable for c-BFCI
- Copies of pre-test **enough for each facilitator**
- Participants handout

Advance Preparation:

- Have ready a flip chart with course objectives
- Have other flip charts titled: Introduction, expectations, rules, leaders
- Ask a co-facilitator to assist with writing as participants brainstorm
- Agree on language of communication (including the pre and post-test language)
- Have ready one pre-test with filled answers and one blank for tallying the participants responses

Session outline

Time	Learning Objectives	Methodologies	Training Aids
20 Min	Get-to-know exercise	Self-introduction	
10 Min	Discuss Participants' expectations, compare with the objectives of the training and clarify the priorities/focus of the course.	Interactive presentation	Flip Charts, Felt pen
45 Min	Identify strengths and weaknesses of participant's BFCI knowledge.	Exercise on Non-written pre-test	Pre-test questionnaire with answers for Facilitators – Yes, No or don't know (Tally the responses)

Activity 1:

Climate setting

Step 1: Ask participants to brainstorm on what they would like to know about each other and write on the flip chart titled 'introduction' including one expectation e.g. (favourite food, hobbies and/or colour and why, something that others do not know about you, dream destination in the world, etc.)

Step 2: Write the expectations on the flip chart.

Step 2: Ask participants to brainstorm Group Norms and list on flip chart

Step 3: Ask participants to identify group leaders including time keeper, spiritual leader, group leader (Chairperson) and energizer. Keep the list posted throughout the training.

Step 4: The facilitator/partners informs on the administrative issues.

Step 5: Invite the designated MOH officer to make the opening remarks.

Activity 2:

Discuss the course objectives and compare with participants' expectations, and clarify the focus of the course (10 min)

Step1: Facilitator introduces the training objectives (includes the main objective of each session, which has been previously written on a flip chart), and compares them with the participant's expectations.

Course objectives

By the end of the training, participants should acquire knowledge and skills on the following topics;

1. Why BFCI
2. Food, nutrients and nutrition
3. Maternal nutrition
4. Feeding infants 0-6 months
5. Complementary feeding
6. Growth monitoring and promotion
7. Establishing BFCI communities
8. Household food security
9. Monitoring and evaluation

Step 2: Facilitator adds inspirational points:

- You can make a difference in your community!
- You have a role to play and with the knowledge and skills you will gain in this training you will help mothers, fathers, caregivers, babies and families in your community!
- We want you to feel empowered and energized because your role in the Community Unit- mothers, babies and families will be healthier

Step 3: Expectations and objectives remain displayed throughout the training week. Summarise the objectives

Activity 3

Assess knowledge level of participants

(45 minutes)

Participants take the non-written knowledge test

Instructions for Activity:

Explain that 15 questions will be asked when the participants are standing in a circle with their backs towards the centre and their arms crossed at the back. The facilitator then demonstrates the responses as follows:

- 1. Opening palm** if they think the answer is **'Yes'**
- 2. Closed fist** if they think the answer is **'No'**
- 3. 2 fingers** if they **'Don't know'** or are not sure of the answer.



YES



NO



DON'T KNOW

Step 1: Ask participants to form a circle and stand so that their backs face the centre.

Step 2: One facilitator reads the statements from the pre-test and another facilitator records the answers

Step 4: Once done ask participants to go back to plenary and inform that the topics covered in the pre-test will be discussed in greater detail during the training.

Step 5: Summarise the session noting which topics (if any) had the most knowledge gaps on a flip chart and keep it posted on the wall for reference during training.

1

UNIT 1:

INTRODUCTION TO THE c-BFCI COURSE

This unit, aims to equip participants with the necessary knowledge and skills to support establishment and sustain a baby friendly community.

Session 1

Orientation to the MIYCN Counselling Cards and 1000 days Booklet (45 minutes)

Participants will learn about the MIYCN Counselling card and 1000 days Booklet

Objectives

By the end of the session, participants will be able to:

1. Name the 8 thematic areas in the counselling card and the concepts in each
2. Describe how to use the counselling cards during counselling/education sessions
3. State the key concepts in the '1000 days' booklet

Duration: 60 minutes

Methodology: Facilitative lecture, discussion, brainstorming, role play

Materials:

- Flip chart papers and stand (+ assorted marker pens + masking tape or sticky pads)
- National MIYCN counselling cards
- 1000 days booklets

Session plan

2 minutes: introduce the session			
Time	Topics	Methodologies	Materials
30 Min	The 8 thematic areas, colour codes and corresponding components of each thematic area	Facilitative lecture	MIYCN Counselling Cards
15 Min	Conduct the 'know your MIYCN counselling cards' drill	Group work	Counselling cards, flip chart
10 Min	Overview of 1000 days booklet	Discussion	The 1000 days booklet
3 Min	Summarise the session	Questions and answers	

INTRODUCTION

MIYCN counselling cards will be the main material to be used by the CHVs during implementation of BFCI. They will be used to communicate and reinforce key messages to mothers and caregivers during house hold visits, Mother-to-Mother support group meetings, among others. The themes are colour coded with different colours representing different concepts. This is aimed at making it easy for users to access cards in the desired thematic area without having to flip over all cards.

The '1000 days' booklet contains abstract messages from the counselling cards for mothers caregivers to take home for reference. It is also arranged in themes that are colour coded in line with the counselling cards. It is recommended that Counties/ partners contextualize this booklet to enhance its use at all levels.

Activity 1

8 thematic areas in the counselling cards

(20 minutes)

Participants will learn the themes and colours used in the MIYCN counselling cards

Step 1: Distribute the MIYCN counselling cards

Step 2: Explain that the counselling cards are going to be the main tools to use and they will take a few minutes to examine the content.

Step 3: Introduce the MIYCN counselling card colour codes and explain clearly using the points below

Maternal Nutrition	1
Feeding infants 0-6 months	2
Complementary feeding (6-23 months) and feeding of children (24-59 months)	3
Feeding in special circumstances	4
Essential hygiene actions	5
Growth monitoring & promotion	6
Developmental milestones, care and stimulation	7
Household food and nutrition security	8

Step 4: Explain the components of each theme using the following notes

MATERNAL NUTRITION:

- Nutrition for pregnant women
- Nutrition for breastfeeding mothers
- Care during pregnancy
- Protecting your baby from HIV infection
- Monitoring during pregnancy
- Danger signs during pregnancy

FEEDING INFANTS 0-6 MONTHS

- Exclusive breastfeeding
- Early initiation of breastfeeding
- Family support for breastfeeding
- Family planning and child spacing
- Common breastfeeding difficulties and calming a baby with colic pains
- Dangers of mixed feeding
- Positioning and attaching of a baby to the breast and breastfeeding positions
- Breastfeeding on demand
- Expressing breast milk, storage of expressed breast milk and feeding a baby by cup
- Common breast conditions related to breastfeeding

COMPLEMENTARY FEEDING FOR CHILDREN 6-23 AND CHILDREN 24 - 59 MONTHS

- Introduction of complementary feeding
- Complementary feeding at 6 months
- Complementary feeding for 7-8 months
- Complementary feeding for 9-11 months
- Complementary feeding for 12-23 months
- Complementary feeding for children 24-59 months
- Complementary feeding for non-breastfed children 6-23 months
- Adding Micronutrient Powders (MNPs) to complementary foods
- Modification of complementary foods 6-12 months
- Active/Responsive feeding

FEEDING IN SPECIAL CIRCUMSTANCES

- Feeding a preterm and a low birth weight baby
- Feeding sick children aged less than 6 months
- Feeding sick children aged more than 6 months
- Danger signs

ESSENTIAL HYGIENE ACTIONS

- Hand washing at 5 critical times to prevent illness
- Use of latrines and proper disposal of faeces
- Food safety and hygiene
- Healthy play areas/environment

GROWTH MONITORING & PROMOTION

Importance and activities of growth monitoring and promotion

DEVELOPMENTAL MILESTONES

- Developmental milestones
- Early childhood stimulation

HOUSEHOLD FOOD AND NUTRITION SECURITY

- How to establish a kitchen garden
- Small animal breeding

Activity 2

How to use the cards during counselling/education

(15 minutes)

Participants will learn how to use the MIYCN counselling cards

Step 1: Explain how to use the MIYCN counselling cards using the notes below

- Each of the cards has two sides, one with a large picture and the other with a small picture and notes
- When using the counselling cards, the large picture is shown to the client(s) while the side with notes faces the counsellor.
- Facilitator/counsellor should not read the notes. Rather they should internalize the key points prior to the session to facilitate face-to-face communication and avoid the cards becoming a barrier
- Reference to the notes is only done when necessary

Step 2: Explain how to use a counselling card using: Observe/Assess Think/ Analyze, Try/Act ('OTT/'AAA")

OTT / AAA approach	
Observe/Assess:	<ul style="list-style-type: none"> • Home environment • Condition of the child, • Condition of the mother • Childs growth chart
Think/Analyze	<ul style="list-style-type: none"> • Consider the effects of what you have observed • Decide on appropriate actions • Discuss options with mother/caregiver
Try/Act	<ul style="list-style-type: none"> • Negotiate on actions/practices to be undertaken to effect the desired behaviour

EXERCISE : Conduct the 'know your MIYCN counselling cards' drill

The exercise involves locating the counselling card relevant to the topic given. Have a flip chart ready with columns and rows equal to the number of groups formed for **scoring purposes, ask a co-trainer to help you record the scores.**

Step 3: Divide participants into groups of 5 (depending on number of participants in a class)

Step 4: Ensure each group have access to a counselling card

Step 5: Ask participants to locate relevant MIYCN counselling cards as shown in the table below.

NOTE:

- The team that finds the card first will earn one mark.
- As soon as the team locates the card, let them clap then give them the first priority to answer the question
- If the card they mention is wrong, the second team that clapped is given an opportunity to answer.
- The teams should locate the cards within 30 seconds or 1 minute at most. If none of the teams has located the card when time lapses, then all teams score a zero on that.
- The facilitator guides the participants on the same activity.

Step 6: Use the format below to conduct the drill. Read out the card title, wait for responses and score

Card title	Grp 1	Grp 2	Grp 3	Grp 4	Grp 5	Grp 6	Correct card number
Hand washing at 5 critical times							
Exclusive breastfeeding							
Feeding a sick child < 6 months							
Monitoring during pregnancy							
Small animal breeding							
Child stimulation							
Feeding a child 9-11 months							
Growth monitoring and promotion							
Total							

Activity 3

Participants will learn how to use the '1000 days' booklet

The '1000 days' booklet – Key messages

(5 Minutes)

Step 1: Discuss and explain the content of the '1000 days' booklet.

Step 2: Explain the importance and use of the '1000 days' booklet using the notes below

- The booklet contains key messages from key thematic areas in the MIYCN counselling cards
- The booklet is take-home material for mothers and caregivers. To enhance their use, mothers/caregivers should be oriented on the contents of the booklet in the same way as orientation to the counselling cards



Step 3: Ask participants to turn to 1000 days handout as you read every theme and title there-in, taking note the colour codes are similar to those in the counselling Cards.

Summarise the session using the table below

1000 DAYS BOOKLET SUMMARY

1	Eating for good health of the mother and baby during pregnancy
	Pre pregnancy period
	How to eat during pregnancy
	Care during pregnancy
	Monitoring during pregnancy
	Danger signs during pregnancy
2	Exclusive breast feeding
	Early initiation to breast feeding
	Proper positioning , attachment and effective suckling
	How to express breast milk
	Storage of expressed breast milk
	Warming of expressed breast milk
	Cup feeding
3	Giving other foods to your baby 6-23 months old (complementary feeding)
	Food groups for children
	Feeding your baby at 6 months
	Feeding babies 7-8 months old
	Feeding babies 9-11 months old
	Feeding babies 12-24 months old
	Responsive/active feeding
	Feeding non breast fed children from 6-23 months
	Adding Micronutrient Powder(MNPs) to complimentary foods
4	Food safety and hygiene
	Cleanliness of food and food preparation is important to prevent illness in children and adults
	Demonstration of hand washing with soap and water
5	Feeding in special circumstances
	Sick baby less than 6 months
	Sick baby older than 6 months
	Always look out for the danger signs

Summarize the session

3 minutes

Ask participants if they have any questions or seek clarification

Session 2

Why BFCI matters

Participants will learn the importance of BFCI

Objectives:

By the end of this session, the participants will be able to:

1. Define the terms; Baby Friendly Community Initiative (BFCI), exclusive breastfeeding and complementary feeding.
2. Identify key health and nutrition interventions needed for optimal growth and development of a child
3. Discuss common feeding practices among children, pregnant and breastfeeding mothers in their community
4. Discuss County and Sub county updated nutrition situation

Duration: 1hr 25 minutes

Methodology: Brainstorming, interactive lecture, discussion, group work and role play.

Materials:

- Flip chart, marker pens, masking tape , copy of 8 steps to BFCI (One copy per participant),dry beans

Session plan

5 minutes introduce the session			
Time	Learning Objectives	Methodologies	Training Aids
25 Min	Define the terms BFCI, exclusive breastfeeding and complementary feeding	Brainstorming	Flip chart and marker pens
20 Min	Key health and nutrition interventions important for optimal growth and development of a child.	Discussion Role play	Coloured Cards with MIYCN themes Picture of a healthy child
30 Min	Common feeding practices among children, pregnant and breastfeeding mothers in the community. County and Sub- county nutrition situation	Brainstorming Discussion	<ul style="list-style-type: none">• Flip chart• Marker pens• Masking tape
5Min	Summarize the session		

Activity 1

Defining terms: Baby Friendly Community Initiative (BFCl), exclusive breastfeeding, complementary feeding (20 minutes)

Participants will learn the definition of BFCl

Define the term BFCl

Step 1: Define Baby Friendly Community Initiative (BFCl) and what it entails using the notes below

Baby Friendly Community Initiative (BFCl):

Is a community-based initiative to protect, promote and support breastfeeding, optimal complementary feeding and maternal nutrition.

- It includes feeding of children in special circumstances, environmental sanitation and hygiene, early childhood stimulation, referral to MCH, HIV services and other nutrition sensitive interventions.
- It entails implementation of the 8 steps to BFCl
- It works through:-
 1. Formation of Community Mother support groups
 2. Formation and training of Mother- to-Mother Support Groups
 3. Close links to Health Centres and local authorities
 4. Home visitation
 5. Community campaigns e.g. world breastfeeding week, Malezi Bora weeks,
 6. Community dialogue
 7. Community action days
 8. Bi-monthly Community baby-friendly meetings

Why baby friendly community initiative?

- Mothers who give birth in hospitals return to their communities and homes to care for their babies.
- In some instances mothers in both urban and rural areas give birth at home.
- In Kenya, 2 in every 5 mothers (39%) deliver at home (KDHS 2014).
- Continuous and additional interventions are needed to create conducive environments that are supportive of mothers and children at community level

Step 2: Ask:

1. How common is home delivery in this community?
2. What contributes to home deliveries?
3. What can you do about the home deliveries?

Step 3: Summarize the responses

Step 4: Ask participants to turn to handout on '8 STEPS TO BFCI'

Step 5: Read and explain each step briefly and inform the steps will be discussed in details later

Define Exclusive Breastfeeding (EBF)

Define breastfeeding using the notes below.

Exclusive breastfeeding

Means feeding of an infant with breastmilk ONLY (including expressed breastmilk) for the first six months of life without giving any other foods or drinks, not even water. Medicines prescribed by a qualified health worker are allowed.

Define complementary feeding

Define complementary feeding using the notes below

Complementary feeding:

The process of introducing solid and semi-solid foods in addition to breastmilk at six months of age. When breast milk alone is no longer sufficient to meet the nutritional requirements of an infant.

Activity 2

Key health and nutrition interventions needed for optimal growth and development of a child. (20 minutes)

Methodology

- Brief 8 participants on the roles they will play beforehand.
- Pin the picture of a healthy child on one end of the room
- Have the role-players take steps towards the picture of the healthy child

Conduct the activity

Step 1: Ask 8 individuals to play the roles of young children less than 2 years

Step 2: Hold up a card with the theme(s) written

Step 3: Ask the child to read out the content and take one step forward.

Step 4: Repeat the process from theme 2 to theme 8, with the children taking steps forward as per the number of themes handed until the 8th theme is achieved

Step 5: Discuss the role play as per the theme using the notes below

The window of opportunity for improving nutrition is critical - from pre-pregnancy, during pregnancy, and the first 2 years of a child's life (first 1000 days).

Any damage to physical growth and brain development that occurs during this period is likely to be extensive and, if not corrected, irreversible.

For optimal growth and development, a child requires all of the above interventions.

Activity 3

Participants will discuss common feeding practices among children, pregnant and breastfeeding mothers in their community (20 minutes)

Step 1: Divide participants into 3 groups

Step 2: Assign different groups to discuss feeding practices for: Children, pregnant women and breastfeeding mothers

Step 3: Ask participants to write responses on a flip chart

Step 4: Ask each group to present findings in plenary

Step 5: Ask other participants to make additions

Summarize the discussion using participants written responses, affirming the positive practices and noting the negative practices for further discussion

Activity 4:

Discuss County and sub county nutrition indicator (10 minutes)

Step 1: Ask participants to brainstorm on effects of poor feeding practices for pregnant women, breastfeeding mothers and children

Step 2: List down their responses on a flip chart

Step 3: Present data on nutrition indicators in relation to their responses (Source: KAP, SMART, KDHS, KHIS)

Step 4: Form groups depending on data available (Early initiation, EBF, wasting, stunting, minimum food frequency, minimum dietary diversity, minimum acceptable diet, water treatment, hand washing at critical times)

Step 5: Assign each group one indicator and ask them to count 100 beans, then separate the beans according to the percentage of the indicator given.

Step 6: Using the bean distribution activity ask participants to discuss and list activities they would undertake to help improve health and nutrition situation in their community.

2

UNIT 2

FOOD, NUTRIENTS AND NUTRITION

The unit is intended to orient the participants on the importance of Food, Nutrients and Nutrition

Objectives

After completing this session, participants will be able to:

1. Explain the meaning of food, nutrients and nutrition
2. Explain dietary diversity and its importance
3. Explain the importance of nutrition
4. Explore the 10 food groups for women and their food sources
5. Develop a food calendar using locally available foods per season
6. Describe the relationship between nutrition, health and growth

Duration: 3 hours

Methodologies: Buzzing, brainstorming, discussion, group work, facilitative Lecture

Materials: Flip charts, marker pens, masking tape/glue, Samples of locally available foods from the various food groups

Session plan

Duration	Topics	Methodology	Materials
5 minutes	Introduction of the session	Lecture	Flip chart and marker pens
10 minutes	Definition of food, nutrients, nutrition and its importance	Lecture, brain storming, group work	Foods, flip charts, marker pens
10 minutes	Dietary diversity and its importance	Demonstration, discussion	Food samples
10 minutes	Importance of nutrition	Brainstorming and Facilitative Lecture	Flip chart and marker pens
100 minutes	The 10 food groups for women and their food sources	Demonstrations, group work discussion, Facilitative lecture and	Food samples, flip charts, marker pens
35 minutes	Development of food calendar	Group work	Copies of food calendar template

5 minutes	Relationship between nutrition, health and growth	Facilitative Lecture	Flip charts, marker pens
5 minutes	Session summary	Facilitative Lecture	

Activity 1

Definition of food, nutrients and nutrition

(10 minutes)

Participants will place food stuff from home to a designated table

Step 1: Place foodstuffs purchased on a designated table labeled Market

Step 2: Ask participants: 'Is food a human right?'

Step 3: Ask the participants to buzz in pairs on what food, nutrients and nutrition is.

Step 4: List the participant's responses on a flip chart

Step 5: Summarize using the notes below

Food

Any nutritious substance that people eat or drink in order to produce energy, maintain life and growth.

Nutrients

A substance that provides nourishment essential for growth, repair of worn out tissues, etc like carbohydrates, proteins, vitamins, minerals and fats.

Nutrition

The process of providing or obtaining the nutrients necessary for health and growth

Participants will brainstorm on the importance of nutrition

Step 1: Ask the participants to brain storm on the importance of nutrition

Step 2: List their responses on a flip chart

Summarize the discussion using the notes below

Importance of Nutrition

Food contains nutrients that:

- Produce energy to keep the body warm and working well.
- Build muscles, bones and other parts of the body.
- Repair and heal injuries in the body.
- Help body resist and fight disease.

Activity 2

Demonstrating Dietary diversity

(10 minutes)

Participants will demonstrate on dietary diversity

Step 1: Display all food stuffs on the designated table

Step 2: Ask two participants to compose a common family meal from the foodstuffs displayed

Step 3: Assess and analyze the composed family meal

Step 4: Explain and demonstrate intra (within the same food group) and inter food group (across different food groups) dietary diversity using the composed meal . Pick additional foods from the demonstration table as you explain dietary diversity

Step 5: Ask participants if family members would remain healthy if they feed on the earlier composed meal everyday

Step 6: Summarize the discussion

Step 7: Ask participants to brainstorm on the importance of dietary diversity for pregnant, breastfeeding mothers and children

Step 8: List the responses on a flip chart

Summarize the discussion using the notes below

- Foods have different nutrients that the body requires.
- It is therefore important to eat a variety of foods to meet the daily nutrient needs.
- Various foods need to be combined and served together to enable the body to obtain all the required nutrients which are important for normal body functioning.
- Dietary diversity is important for diet quality through daily consumption of recommended food groups.
- Repetitive diets dominated by one or a few staple foods fail to meet many micronutrients needs (e.g millet flour has higher levels of Iron compared to maize flour therefore it is good practice to alternate, while maize flour has higher levels of B6 compared to millet flour)
- Inadequate micronutrient intake harm both women and their infants

Activity 3

Discuss the 10 food groups for women and their food sources

(100 minutes)

Participants will work in groups and arrange the 10 food groups

Step 1: List the 10 food groups adopted for women of reproductive age as shown below

NO.	FOOD GROUPS FOR WOMEN
1.	Grains, grain products and all other starchy foods,
2.	Pulses/ Legumes (dried beans, peas, lentils)

3.	Nuts and seeds
4.	Dairy and dairy products
5.	Flesh foods - Meat, poultry and fish
6.	Eggs
7.	Dark green leafy vegetables
8.	Other vitamin A rich fruits and vegetables
9.	Other vegetables
10.	Other fruits

Source: Minimum dietary diversity for women, FAO, 2016

Step 2: List the 7 food groups adopted for children as shown below

NO.	FOOD GROUPS FOR CHILDREN
1.	Grain, grain products and other starchy foods
2.	Legumes/ Pulses, nuts and seeds
3.	Dairy and dairy products
4.	Flesh foods (meat, fish, poultry, live/organs)
5.	Eggs
6.	Vitamin A rich fruits and vegetables.
7.	Other fruits and vegetables

Source: WHO

Step 3: Ask participants to move to the 'market' table with food samples

Step 4: Discuss the 10 food groups for women dietary diversity one after the other and arrange the foods according to the food groups using the notes below.

Food Group	Functions	Sources
Grain, grain products and other starchy foods	<ul style="list-style-type: none"> Provide energy and varying amounts of micronutrients Helps in digestion, absorption and utilization of other nutrients 	All products of maize, wheat, sorghum, millet or cassava, potatoes, white fleshed sweet potatoes white yams, rice, arrowroots, corn /maize, oats, green bananas

Facilitator notes

- This group is sometimes called "starchy staples"
- Green maize is not grouped in this group since the starch is only available when the maize dries. This is grouped in the 'other vegetables' food group
- Green bananas are grouped in this category while ripe bananas are classified as other fruits

NB: only white fleshed sweet potatoes fall in this group as yellow or orange fleshed sweet potatoes provide vitamin A and are therefore grouped with vitamin A rich foods

Food	Functions	Sources
Pulses/ Legumes	<ul style="list-style-type: none"> High in protein Important for body building and repair of worn out tissues 	<p>All types of beans (e.g black, kidney, pinto, chickpea, lentils, soya etc)</p> <p>All products of beans e.g soya milk, soya chunks, chick pea (Gram flour)</p>

Facilitator notes

- Pulses/Legumes should be harvested when mature and dry
- Can be used as food or processed into a variety of food products
- The group does not include those harvested and consumed green, immature or in the pods. Such are included in the 'other vegetables' food group

Food	Functions	Sources
Nuts and seeds	Source of healthy fats that the body easily breaks down.	<p>Common nuts include ground nuts, pea nuts, cashew nuts, macadamia nuts.</p> <p>Commonly consumed seeds include simsim, sunflower, pumpkin, melon seed, Chia seeds, baobab seed.</p>

Facilitator notes

- They are typically high in fat content e.g. Simsim paste (Tahini)
- Fats obtained from nuts and seeds are healthy
- Coconut is not included in this group. When the flesh is consumed, it is grouped as 'other fruits' while coconut milk is grouped as a seasoning

Food	Functions	Sources
Dairy and dairy products	Good sources of Calcium for healthy bones and teeth. Good source of protein for growth and repair of worn out tissues	Fresh whole, low-fat and skim milk, reconstituted powdered or evaporated milk, cheese, Fermented milk, yogurt / curd

Facilitator notes

- This group includes almost all liquid and solid dairy products from cows, goats, sheep or camels.
- Tinned, powdered or ultra-heat treated milk, soft and hard cheeses, yoghurt and locally fermented milk e.g. mursik are included
- Butter, sour cream, ice cream, sweetened condensed milk are not included in this category.
- Butter and sour cream are grouped with fats due to their high fat content while ice cream and condensed milks are grouped with sweets

Food	Functions	Sources
Flesh foods	<ul style="list-style-type: none"> • Good sources of high-quality protein. • Provide micronutrients, like iron and zinc good for increasing the blood volume and helping the body fight diseases. 	Beef, goat, lamb, mutton, pork, game meat Chicken, duck, goose, guinea fowl, turkey, pigeon or other wild or domesticated birds Fresh, frozen, processed or dried fish, large or small, all species. Other edible sea animals

Food	Functions	Sources
Eggs	<ul style="list-style-type: none"> • Good source of proteins, vitamins and minerals. 	Chicken eggs Duck eggs Guinea fowl eggs Quail eggs

Facilitator notes

- This group includes eggs from domesticated or wild birds.
- This does not include fish roe (egg masses from fish) these are grouped with small protein foods



Food	Functions	Sources
Dark green leafy vegetables	<ul style="list-style-type: none"> Rich in folate and iron, that is useful in increasing the blood volume. Rich in vitamin A, C and other micronutrients that strengthen the immune system Source of fiber that helps in digestion 	Dark green leaves such as cassava, bean, pumpkin, amaranth, spinach, sukuma wiki (kales), 'moringa', sweet potatoes leaves, kanzera, etc.

Facilitator notes

- All dark green leafy vegetables are rich in vitamin A, iron, folate, and other micronutrients.

Food	Functions	Sources
Other vitamin A rich fruits and vegetables	<ul style="list-style-type: none"> Good sources of vitamin A important for vision and immunity 	<ul style="list-style-type: none"> Vitamin A rich fruits include: ripe mangoes, ripe papaya, passion fruit, apricot Vitamin A-rich vegetables include orange-fleshed sweet potato, carrot, pumpkin and deep yellow- or orange-fleshed squash

Facilitator notes

- When Mangoes or papayas are consumed before they ripen, they are not classified under vitamin A rich but are classified as other fruits and vegetables
- The red water melon is not classified under this group but is classified as other fruits.
- Passion fruits which have yellow/orange flesh are classified under this group.
- Oranges are not grouped in this family although they contain little amounts of vitamin A as they are more rich in vitamin C and are therefore grouped as 'other fruits'
- Key colors that aid in grouping this family of food is deep yellow and orange on the flesh not skin

Food	Functions	Sources
Other vegetables	Good sources of vitamin C useful for wound healing and keeping the gum healthy	Cauliflower, cabbage cucumber, green pepper, onion, lettuce mushroom, okra, tomato, green peas, courgette, eggplant, green beans, green, maize

Facilitator notes

- This group includes vegetables not classified as dark green vegetables or other vitamin A rich vegetables.
- They are fruits and vegetables associated with positive health outcomes. They are good sources of vitamin C.
- This group includes legumes when consumed green e.g. (green peas, snow peas, snap beans, green beans)

Food	Functions	Sources
Other fruits	<ul style="list-style-type: none"> • Good sources of vitamin C and E among other micronutrients • Vitamin E helps reduce levels of toxic metals in the body. • Vitamin C that is useful in healing of wounds and keeping the gum healthy 	Apple, avocado, banana, all berries, grape fruits, guava, jackfruit, kiwi, lemon, dates, lime, tangerine, orange.

Facilitator notes

- This group includes most fruits excluding those that are rich in vitamin A
- Fruits with a sour taste are good sources of vitamin C

Conduct food grouping exercise

Step 4: Divide participants into 6 groups and assign food groups as below

Group 1:

- Grain, grain products and starchy foods
- Nuts and seeds

Group 2:

- Pulses/legumes
- Flesh foods
- Dairy and dairy products
- Eggs

- Group 3:** Dark green leafy vegetables
- Group 4:** Other vitamin A rich fruits and vegetables
- Group 5:** Other vegetables
- Group 6:** Other fruits

Step 5: Ask each group to pick different food samples from the demonstration table and place them in their assigned food groups.

Step 6: Ask the participants to make a list of other locally available foods that are missing in the 'market' table on a flip chart.

Step 7: Lead participants in a gallery walk to each group as they present their findings

Step 8: Move misplaced foods to their correct group, as you do so explain to the participants the reasons why

Step 9: Inform participants that they can find summary of minimum dietary diversity for women

Activity 5

Development of food calendar

(35 minutes)

Participants will develop the annual food calendar

Step 1: Ask participants to work in the 6 groups earlier formed

Step 2: Distribute the food calendar templates

Step 3: Allocate each group two months to fill in the template beginning from January to December

Step 4: Ask the participants in their groups to fill in the food calendar listing locally available foods in their community at their own time and submit the filled forms by the end of day two

NB: This consolidated food calendar will be used in unit 5 session 2; foods that fill energy, iron and vitamin A gaps

Activity 6

Describe the relationship between nutrition, health and improved performance

(10 minutes)

Participants will brain storm on the relationship between nutrition, health and performance

Step 1: Ask participants to brainstorm on the relationship between nutrition, health and improved performance.

Step 2: List their responses on a flip chart.

Step 3: Distribute the handout on *relationship between nutrition, health and improved performance*

Relationship between nutrition, health and improved performance



Step 4: Ask the participants to say what they observe
Summarize the discussion using the points below

- Good nutrition is achieved by consuming foods in adequate amounts and this helps to improve health.
- When people are healthy, they engage in productive activities that improve their quality of life.
- Women who are well nourished during childhood and adolescence have the best chance of long and active lives, of giving birth to healthy babies and of having energy to provide good care and meals to their families.
- Children who are well nourished will be healthy, grow well, have better concentration and retention of information thus perform well in school. This will enable them engage in productive activities in their adulthood.
- Well-nourished adolescents and adults will lead productive lives
- A well-nourished family will fall sick less often and therefore spend less on treatment.

Session summary

(5 minutes)

Ask participants if they have any questions or seek clarification

3

UNIT 3

MATERNAL NUTRITION

In this unit participants will learn the importance of optimal nutrition during pregnancy and the breastfeeding period.

Objectives:

By the end of the unit, the participants will be able to:

1. Explain the importance of optimal nutrition during pregnancy and breastfeeding
2. Give nutrition recommendation during pregnancy and breastfeeding
3. Explain the causes of and ways to prevent anemia in pregnancy
4. Discuss the package of care during pregnancy
5. Explain the monitoring done for a pregnant mother during ANC visits
6. Explain how to prevent transmission of HIV from mother to child
7. Discuss the danger signs in pregnancy

Duration: 1 hour 40 Minutes

Methodologies: Facilitative lecture, group work, buzzing, brainstorming, role-plays, questions and answers

Materials: Flip charts, Marker pens, masking tape, copies of Mother and Child handbook, , MIYCN counselling cards 1-6 and IFAS policy

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Lecture	
10 minutes	Explain the importance of optimal nutrition during pregnancy and breastfeeding	Discussions, lecture	Marker pens, flip charts, masking tapes
30 minutes	<ul style="list-style-type: none">• Give nutrition recommendations during pregnancy and breastfeeding• Food groups for women of reproductive age	Lecture , group work	Marker pens, flip charts, MIYCN counselling cards

15 minutes	<ul style="list-style-type: none"> Explain the causes and prevention of anaemia in pregnancy Prevention of anaemia in pregnancy 	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
15 minutes	Discuss the package of care during pregnancy	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
10 minutes	Explain the monitoring done for a pregnant mother during ANC visits	Lecture , group work, buzzing	Marker pens, flip charts, MIYCN counselling cards
11 minutes	<p>Explain how to prevent transmission of HIV from mother to child</p> <ul style="list-style-type: none"> Modes of HIV transmission from mother to child Current recommendations on prevention of mother-to-child transmission of HIV Factors that affect mother to child transmission of HIV 	Lecture , brainstorming	Marker pens, flip charts, MIYCN counselling cards
5 minutes	Discuss the danger signs in pregnancy	Lecture	Marker pens, flip charts, MIYCN counselling cards
3 minutes	Session summary		

Introduce the session

(2 minutes)

It is important that women have good nutrition during pregnancy and breastfeeding. This will influence the health of their children.

The period before pregnancy, during pregnancy, after delivery and during breastfeeding is of critical importance for the health of the mother and the child's growth and development.



Activity 1

Importance of optimal nutrition during pregnancy and breastfeeding (10 minutes)

Participants will discuss the importance of optimal nutrition during pregnancy and breastfeeding

Step 1: Divide the participants into three groups

Step 2: Assign the groups to discuss the importance of good nutrition as follows:

Group 1 - before pregnancy, group 2- during pregnancy and group 3 - during breastfeeding

Step 3: Place three flip charts with titles '*Importance of nutrition before pregnancy*', '*Importance of nutrition in pregnancy*' and '*Importance of nutrition during breast feeding*'

Step 4: Ask each group to write responses on the different colored cut out pieces of manila papers/sticky notes and stick on the designated flip charts

Step 5: Ask one member from each group to present in plenary
Summarize using the notes below

Importance of maternal nutrition

Before pregnancy

- Influences a woman's ability to conceive and meet the nutrition demands during pregnancy,
- Determines the fetal growth and development
- Promotes development of a healthy placenta
- Improves the overall health of the mother.

During pregnancy

- It is important to ensure that the mother-to-be eats a healthy, adequate diet and establishes good eating habits to optimally nourish the foetus during the pregnancy.
- Good nutrition during pregnancy makes the placenta to develop fully therefore, it can optimally nourish the foetus.
- Ensures a successful pregnancy
- Helps maintain a good nutrition status. Underweight and overweight women experience more complications during pregnancy and delivery than normal women.
- Prevention of anaemia; Supplementation with particular nutrients can be done when necessary.
- Prevention of birth defects caused by Micronutrients deficiency

During breastfeeding:

- Important for the provision of increased nutrients' needs.
- To enhance quality composition of breastmilk
- To facilitate recovery from pregnancy and child birth
- Replacement of maternal nutrient stores depleted during pregnancy and child birth

Activity 2

Nutrition recommendations during pregnancy and breastfeeding (30 minutes)

Participants will discuss the various nutrition recommendations during pregnancy and breastfeeding

Step 1: Ask participants to pair up as they are seated and look at counseling card 1

Card 1 Nutrition for pregnant women

3 meals, 2 snacks and 1 small extra meal

Breakfast: Bread, Eggs, Soup

Lunch: Rice, Meat, Vegetables

Supper: Rice, Meat, Vegetables

Snack: Milk

Snack: Fruit

Extra meal: Watermelon, Rice, Vegetables

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Step 2: Ask participants to say what they have observed
Summarize using the notes below

Nutrition recommendation for pregnant women

- Some girls have their first pregnancy during the teen years when they are still growing
- The teenage mother and the growing baby compete for nutrients
- The teenage mother has not completed her growth cycle, hence is at risk of difficult labour since her pelvis is small
- A teenage mother needs extra care, more food and more rest than an older mother. She needs to nourish her own body, which is still growing, as well as her growing baby.
- All pregnant women should eat a variety of locally available foods.
- They need an extra meal in addition to three regular meals and 2 snacks to support their nutrition and that of the unborn baby.
- They also need a lot of nutritious fluids like soup, fresh fruit juice, porridge and water.
- In addition, they need to eat foods high in fibre (e.g. fruits and vegetables) to prevent constipation.
- Calcium and phosphorus are essential in bone formation during pregnancy and fetal development.

- Anaemia in pregnancy contributes to high rates of intrauterine growth retardation and premature birth, increased post-partum bleeding, and a greater risk of maternal mortality.
- All pregnant women should therefore take Iron and Folic Acid supplements (IFAS) daily throughout the pregnancy period.
- Iodized salt should be consumed by the pregnant woman to provide sufficient iodine for physiological and brain development of the child.
- Pregnant women are advised to reduce activity level to conserve their energy while at the same time engaging in appropriate physical activities to stay healthy.
- Teenage girls who are pregnant have increased nutritional needs especially for iron, folic acid, vitamin A, calcium, phosphorous; they need closer monitoring by a healthcare provider.
- Pregnant mothers should drink plenty of clean safe water.
- Separate your meals from beverages to prevent interference with iron absorption. It is better to drink tea or coffee an hour before or after a meal.
- Use iodized salt to prevent delivering a baby of short stature and to prevent mental retardation. Lack of iodine during pregnancy can lead to miscarriage or still births.
- Pregnant women are advised to minimize heavy work and maintain light exercises to stay healthy.
- Avoid alcohol and smoking
- Pregnant women should be advised to read the Mother Child Health Handbook and other materials from reliable sources.

Step 3: Ask participants in their pairs to look at counselling card 2 and report what they observe.

Card 2 **Nutrition for breastfeeding mothers** 



3 meals, 2 snacks and 2 small extra meals

Breakfast 	Snack 	Snack 
Lunch 	+	Extra meal 
Supper 		Extra meal 



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Summarize using the notes below

Nutrition recommendations for breastfeeding mothers

- A breastfeeding woman should eat a variety of locally available foods.
- She needs 2 extra small meals in addition to her 3 regular meals and 2 snacks to support nutritional needs for herself and the baby.
- She also needs lots of nutritious fluids like soup, fresh fruit juice, and porridge.
- Breastfeeding mothers should drink plenty of clean safe water.
- Avoid alcohol and smoking
- Separate your meals from beverages such as tea or coffee to prevent interference with iron absorption. Limit the intake of tea or coffee an hour before or after a meal.
- Breastfeeding women are advised to engage in light physical activities to stay healthy. Take adequate rest.
- Breastfeeding women should be advised to read the Mother Child Health Handbook and other materials from reliable sources

Food groups for women of reproductive age.

Participants brainstorm on the 10 food groups for women.

Step 1: Ask the participants to mention the food groups for women that they learnt in unit 2 – food, nutrients and nutrition.

Summarize using the table below

NO.	FOOD GROUPS FOR WOMEN
1.	Grains, grain products and other starchy foods
2.	Pulses/legumes (dried beans, peas, lentils)
3.	Nuts and seeds
4.	Dairy and dairy products
5.	Flesh foods (beef, poultry and fish)
6.	Eggs
7.	Dark green leafy vegetables
8.	Other vitamin A rich fruits and vegetables
9.	Other vegetables
10.	Other fruits

Source: Food and Agriculture Organization (FAO), 2016

Facilitator notes

- The meals should include consumption of at least 5 of the 10 food groups per day as listed above
- The recommendation for at least 5 of the 10 food groups is based on the needs of women diet quality, with a specific focus on micronutrient adequacy.
- Women consuming foods from 5 or more food groups have a greater likelihood of meeting their micronutrient needs than women consuming foods from fewer food groups

Step 2: Divide participants into 2 groups

Step 3: Assign one group to discuss and develop a day's sample menu for a pregnant mother and the other group for a breastfeeding mother using locally available foods and to list the cultural practices, myths and misconceptions surrounding feeding of pregnant and breast feeding women.

Step 4: Ask each group to present the menu they developed and the list of the cultural misconceptions and myths.

Step 5: Facilitator to discuss each menu with the participants, filling the gaps identified and demystifying the myths and misconceptions

Activity 3

Causes and prevention of anemia in pregnancy

(15 minutes)

Anaemia is common in pregnant women, we will look at the causes and how we can prevent anaemia in pregnancy

Causes, signs and symptoms of anaemia

Participants brainstorm on the possible causes of anaemia

Step 1: Ask participants to brainstorm the possible causes of anemia in pregnant women as you write their responses on a flip chart.

Summarize using the points below

Causes of anaemia during pregnancy:

- Inadequate iron in maternal stores pre-pregnancy,
- Insufficient dietary intake of iron, folic acid, vitamin B 12 and vitamin C.
- Poor absorption of iron
- Illnesses such as malaria and worm infestation

Step 2: Ask participants to brainstorm on the signs, symptoms and effects of anaemia as you write their responses on a flip chart.

Summarize using the points below.

Signs and symptoms:

- Dizziness
- Oedema
- Pallor (Pale Skin)
- Fatigue,

Effects of anaemia during pregnancy

- Increased risk of maternal death during pregnancy or immediately after a delivery;
- Low birth weight babies
- Early delivery (before 38 weeks)
- Child birth complications

Prevention of anaemia in pregnancy

Participants will brainstorm on how to prevent anaemia in pregnancy

Step 1: Ask participants to brainstorm on how to prevent anaemia in pregnancy

Step 2: List their responses on a flip chart

Discuss and summarize using the notes below

How to prevent anaemia

Approaches

1. Adequate and appropriate dietary intake of iron rich foods; plant and animal sources

Plant source examples: legumes, dark green leafy vegetables.

Animal source examples; animal meats and animal organ meats. The body uses this type of iron easily.

Factors influencing availability of iron from plant source

- The body needs vitamin C to use plant source of iron. For example citric fruits (lemons, oranges) and other vitamin C rich fruits e.g. pineapple, mango, berries, pawpaw, passion fruits, and water melon.

Factors reducing iron absorption

- Intake of tea or coffee together with iron rich foods.
- Intake of calcium rich foods example milk, yoghurt

Preparation and cooking methods that improve iron availability

- Soaking
- Fermentation
- Roasting
- Germination

2. Routine intake of iron and folic acid tablets (IFAS)



Taking iron and folic acid (IFAS) during pregnancy prevents; maternal anaemia, birth defects, premature labour, birth and low birth weight.

(show the IFAS policy and discuss the information contained in it)

3. **Food fortification;** food fortification increases the content of essential micronutrients – (vitamins and minerals). You can easily identify fortified foods in the market by looking for the special fortification logo.

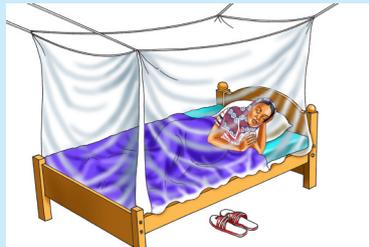
(Pass around a packet of oil or flour or salt for participants to see the fortification logo.)



4. **Malaria prevention and control.** This can be done through using, **Long Lasting Insecticide Treated Nets (LLITN).** Those living in malaria endemic areas, should be given anti- malaria tablets to protect them against malaria.

5. **Routine deworming of pregnant mothers for Helminths control.**

De-worm pregnant women from the second trimester (within 4th to 9th month).



Activity 4

Discuss the package of care during pregnancy

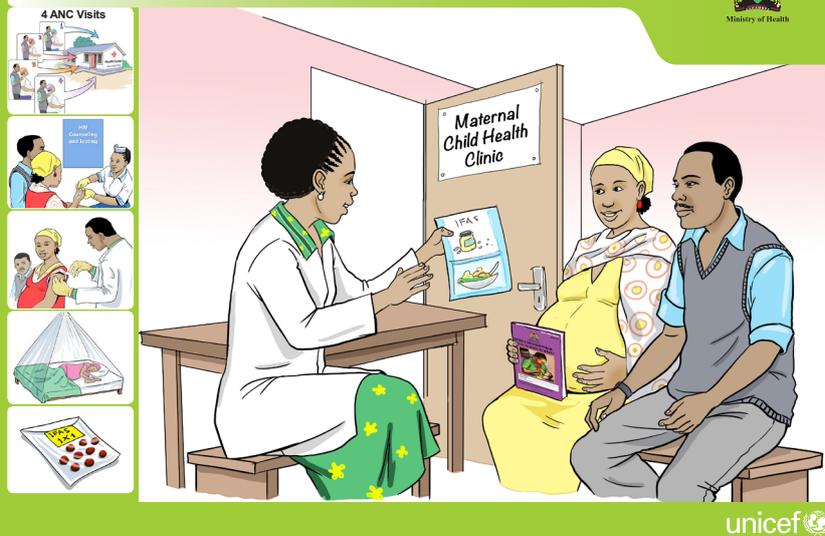
(15 minutes)

Immediately a woman conceives, it is advisable that she attends the antenatal care clinic. At the clinic, she will receive a number of services

Step 1: Ask participants to brainstorm on the services provided for pregnant mothers during ANC visits in the facilities within their community.

Step 2: Write down their responses on the flip charts

Step 3: Ask participants to open counselling card 3.



Step 4: Ask participants to say what they observed.
Summarize using the notes below

Package of care during pregnancy

As soon as a woman learns or suspects that she is pregnant she is encouraged to attend her first ANC visit and make at least four ANC visits during the pregnancy.

Early ANC attendance ensures that she gets services for the health outcome of her baby

- ANC profile for all pregnant women to test for syphilis by taking the Venereal Disease Research Laboratory (VDRL test, Haemoglobin level (Hb), Blood group, Rhesus factor and serology etc.
- Pregnant women and their partners are counselled and tested for HIV infection to protect their unborn baby from being infected (e-MTCT)
- A pregnant woman is given Tetanus Toxoid injection (TT) according to the prescribed schedule to prevent neonatal sepsis.
- In malaria endemic areas pregnant mothers are supplied with LLITNs and malaria prophylaxis in most public health facilities.
- The pregnant woman will be given IFAS supplements. Mothers are encouraged to take IFAS with meals to prevent side effects e.g. nausea.
- Pregnant women are encouraged to reduce their activity level to conserve their energy.
- Encourage birth spacing by discussing with the mother on the available and most appropriate family planning method.

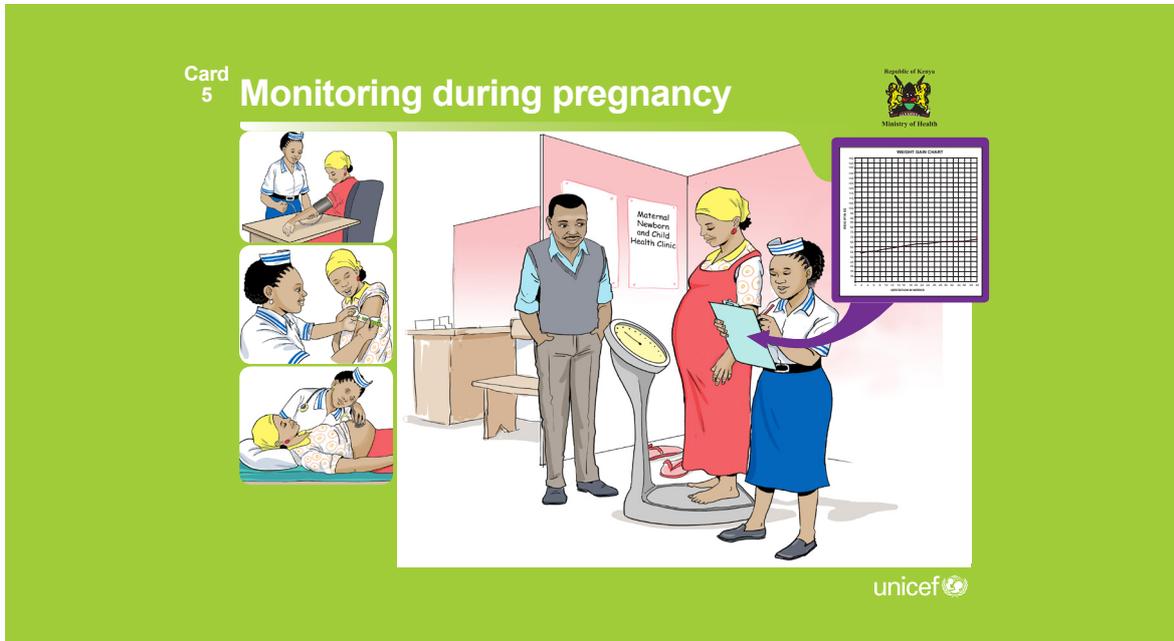
Activity 5

Monitoring during pregnancy

(10 Minutes)

Participants will brainstorm on the monitoring done during pregnancy

Step 1: Ask participants to turn to card 5



Step 2: Ask participants to brainstorm on the services given to the pregnant woman during an ANC visit and list the responses on a flip chart. Summarize using the notes below.

Monitoring pregnant mother during ANC

- The health care provider will assess the level of activity of the fetus on each visit.
- The mother's blood pressure will be checked during each visit to monitor the risk of developing high blood pressure, which may affect her health and that of the unborn baby.
- Mother's Mid Upper Arm Circumference is measured and if it is less than 23 cm she is referred for a nutrition intervention.
- Her weight should be monitored during each visit, documented on the mother and child handbook. Pregnant women should gain adequate weight during pregnancy. Weight gain determines birth outcomes.

Recommended weight gain:

1st trimester - 0.5 kg per month

2nd trimester - 1-1.5kg per month

3rd trimester - 2 kg per month

A total weight gain of about 12.0kgs is recommended



Activity 6

Prevention of HIV transmission from mother to child

(11 minutes)

Prevention of mother-to-child transmission of HIV (PMTCT) should be offered as part of a comprehensive package of fully integrated, routine antenatal care interventions.

Modes of HIV transmission from mother to child

Participants will brainstorm on the modes of HIV transmission from mother to child

Step 1: Ask participants to brainstorm on the modes of HIV transmission from mother to child

Step 2: Write their responses on a flip charts

Summarize the discussion with notes below

Modes of HIV transmission from mother to child

HIV transmission from mothers to infants can occur during:

- Pregnancy
- Labour and delivery
- Breastfeeding.

Note: Refer to the latest National guidelines on infant feeding in the context of HIV.

Current recommendations on prevention of mother-to-child transmission of HIV

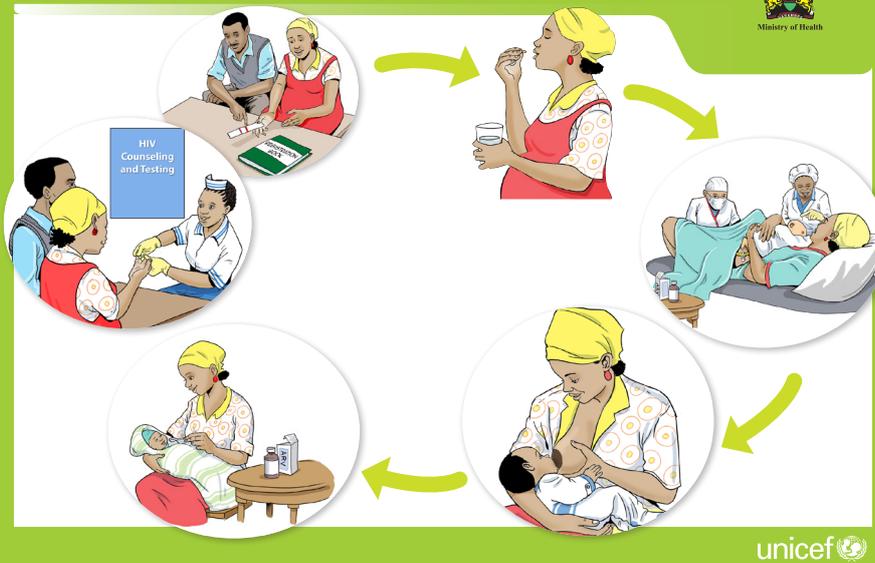
Participants will brainstorm on the current recommendations by MOH about prevention of mother-to-child transmission (PMTCT)

Step 1: Ask participants to brainstorm on the current recommendations by MOH about prevention of mother-to-child transmission (PMTCT) that they know.

Step 2: List their responses on a flip chart

Step 3: Ask participants to open counselling card 4 and use it to discuss PMTCT

Card 4 Protecting your baby from HIV



Current recommendations on prevention of mother-to-child transmission of HIV

- Pregnant women are encouraged to be accompanied by their partners to the health facility for counselling and HIV testing to protect their unborn baby.
- Testing for HIV can protect the baby from getting infected by taking appropriate prevention measures early
- All HIV infected pregnant women are started on lifelong HAART
- It is important to deliver at a health facility so that adequate care and treatment for mother and baby can be given.
- After delivery, the mothers are given ARV prophylaxis to give to their babies which should be continued until 6 weeks after complete cessation of breastfeeding
- Mothers should exclusively breastfeed their infants for the first 6 months, introduce timely, appropriate, adequate and safe complementary foods at 6 months, and continue breastfeeding up to 24 months or beyond. Giving other foods and drinks (mixed feeding) during the first 6 months puts the baby at a greater risk of contracting the HIV virus. It also increases the baby's chances of dying from other illnesses like diarrhea and pneumonia.

Factors that affect mother to child transmission of HIV

Participants will discuss the factors that affect mother to child transmission of HIV infection

Step 1: Ask participants to mention factors that affect mother to child transmission of HIV infection

Summarize with the notes below

Factors that affect mother to child transmission of HIV

- The risk of a mother transmitting the virus to her baby depends on a number of factors such as: WHO staging (how ill the mother is), viral load (how much virus is in her blood-CD4 Count), whether she is taking ART and how long breastfeeding lasts.

Recent infection with HIV

- If a woman becomes infected with HIV during pregnancy or while breastfeeding, she has higher levels of virus in her blood, and her baby is more likely to be infected.
- All sexually active men and women need to know that unprotected sex exposes them to infection with HIV. They may infect their partners, and their baby too will be at a higher risk. Using condoms during sexual intercourse is crucial to reducing HIV infections.

Severity of HIV infection

- If the mother is already ill with an HIV-related disease or AIDS and is not receiving antiretroviral therapy, she has more viruses in her body and transmission to her baby is more likely.

Procedures during labour and delivery

- During labour and delivery, any interventions, which can damage the mother's, or the baby's skin and cause bleeding, should be avoided

Exclusive breastfeeding or mixed feeding

- The risk of transmission is greater if a baby is given other foods or drinks at the same time as breastfeeding during the first 6 months of life, which is known as mixed feeding. The risk is less if breastfeeding is exclusive and if the mother is receiving antiretroviral therapy. Other food or drinks besides breastmilk, may cause diarrhea and damage the gut, which might make it easier for the virus to enter the baby's blood.

Duration of breastfeeding

- The virus can be transmitted at any time during breastfeeding, in general, the longer the duration of breastfeeding, the greater the risk of transmission. The mother should be receiving antiretroviral therapy during the period of breast feeding and the baby should be on prophylaxis until 6 weeks after complete cessation of breastfeeding.

Condition of the breasts

- Nipple cracks (particularly if the nipple is bleeding), mastitis or breast abscess may increase the risk of HIV transmission through breastfeeding. Good breastfeeding technique helps to prevent these conditions, and

reduces transmission of HIV.

- Timely identification and management of breast conditions will help prevent HIV transmission during breastfeeding.

Condition of the baby's mouth

- Mouth sores or thrush in the baby may make it easier for the virus to get into the baby's body through the damaged skin.
- Timely identification and management of baby's mouth sores will help prevent HIV transmission during breastfeeding.

Antiretroviral therapy given to the mother

- HIV-infected mothers provided with antiretroviral therapy for life have a much lower risk of passing HIV on to their babies.

ARV prophylaxis given to the baby

- ARV prophylaxis given to the baby immediately after birth also reduces the risk of mother-to-child transmission. The baby should be on prophylaxis until 6 weeks after complete cessation of breastfeeding (Refer to the current National PMTCT and ART guidelines).

Activity 7

Discuss the danger signs in pregnancy

(5 minutes)

Participants will brainstorm on the danger signs during pregnancy

Step 1: Ask participants to brainstorm on danger signs to look out for during pregnancy

Step 2: Write their responses on a flip chart

Step 3: Ask participants to open card number 6 and mention the danger signs that they have not mentioned earlier.

Summarize the discussion using card number 6 and notes below.

Card 6 **Danger signs during pregnancy**

Severe headache

Backache

Vaginal bleeding

Severe abdominal pain

Reduced or no movement of the unborn baby

Convulsions

Fever

Health Facility
Ain Namoi

Republic of Kenya
Ministry of Health

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The pregnant woman and her family should be advised to always be prepared to go to the health facility to seek skilled care in case of any of the above signs.

Other signs may include breaking of water, getting tired easily, swelling of the face and hands, breathlessness among others

Summarise the session

(3 minutes)

Ask participants if they have any questions or seek clarification



4

UNIT 4

FEEDING CHILDREN 0 – 6 MONTHS

In this unit participants will be equipped with knowledge on skills and attitudes required to support Mothers/ caregivers in feeding children aged 0-6 months.

Session 1

Importance of Breastfeeding

Participants will be taken through the significance of breastfeeding to the baby, the family and the community

Objectives

By the end of this session, participants will be able to:

1. Explain the benefits of breastfeeding
2. List the advantages of exclusive breastfeeding
3. Describe the main differences between human milk and animal milks
4. List the dangers of mixed feeding
5. Explain the support required from family for breastfeeding mothers

Duration: 1 hour

Methodologies: Group work, discussion, facilitative lecture

Materials: Flip charts, marker pens, masking tape, coloured Manila paper, MIYCN counselling cards, hand outs

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
15 minutes	Advantages of breastfeeding	Group work, discussion	Flip charts, masking tape, marker pens
10 minutes	Advantages of exclusive breast feeding	Group work & discussion	Flip charts, masking tape, marker pens
15 minutes	Differences between human milk and animal milk	Discussion, facilitative lecture	Flip charts, masking tape, marker pens, handouts
10 minutes	Dangers of mixed feeding	Group work, discussion	VIPP cards
5 minutes	Family support for breastfeeding mothers	Discussion	Flip charts, masking tape, marker pens



Activity 1

Advantages of Breastfeeding

(15 minutes)

Participants will discuss the advantages of breastfeeding for the baby, mother, family and community

Step 1: Post four flip charts titled “Baby, Mother, Family and Community at different points on the wall

Step 2: Divide participants into four groups and assign each group a chart, let them walk to where flip charts are posted

Step 3: While at each flip chart, ask participants to brainstorm on benefits of breastfeeding as per the title

Step 4: List down their responses in the flip chart

Step 5: Take a gallery walk on each titled flip chart

Tell participants that they can find the benefits of breastfeeding in their handouts

Summarize using the notes below

Infants	Mother	Family	Society
<ul style="list-style-type: none"> • Reduced mortality, infectious morbidity and hospitalization • Gastrointestinal development and function • Reduced risk of infections due to diarrhea and upper respiratory compared to formula fed infants • Development of immune system • Cognitive development • Reduced risk of obesity later in life compared to formula fed infants • Lower risk of diabetes 	<ul style="list-style-type: none"> • Reduced post-delivery bleeding and anaemia • Delays next pregnancy • Protects against breast and ovarian cancer • Reduce risk of diabetes 	<ul style="list-style-type: none"> • Low health costs • Less illnesses • Family bonding • Increased productivity associated with higher intelligence • Poverty eradication due to reduced costs of infant formula and health care expenditure • Food security 	<ul style="list-style-type: none"> • Eco-friendly • Human resource development • Economic progress and development • Environmental sustainability-resource intense processing of formula, packaging, storage and transportation • Heating and preparation at home

Infants	Mother	Family	Society
<ul style="list-style-type: none"> • Reduced risk of sudden infant death Hodgkin's lymphoma, leukemia • Lower risk of infections e.g. otitis media, lower respiratory tract infections 			

Activity 2

Definition and Advantages of Exclusive Breastfeeding

(10 Minutes)

Participants will discuss the advantages of exclusive breastfeeding

Step 1: Ask the participants to brainstorm on the different ways that children aged 0-6 months are fed in their community

Step 2: Ask a co-facilitator to list the responses on a flip chart

Summarize the different ways that children aged 0-6 months are fed by explaining the different terms used in feeding using the notes below.

Exclusive breastfeeding: The child takes ONLY breast milk and no additional food, water, or other fluids except medicines prescribed by a health worker.

Partial breastfeeding or mixed feeding: The child is given some breast milk and other foods - either milk, other foods, fluids or water.

Bottle-feeding: The child is feeding from a bottle, regardless of what is in it including expressed breast milk.

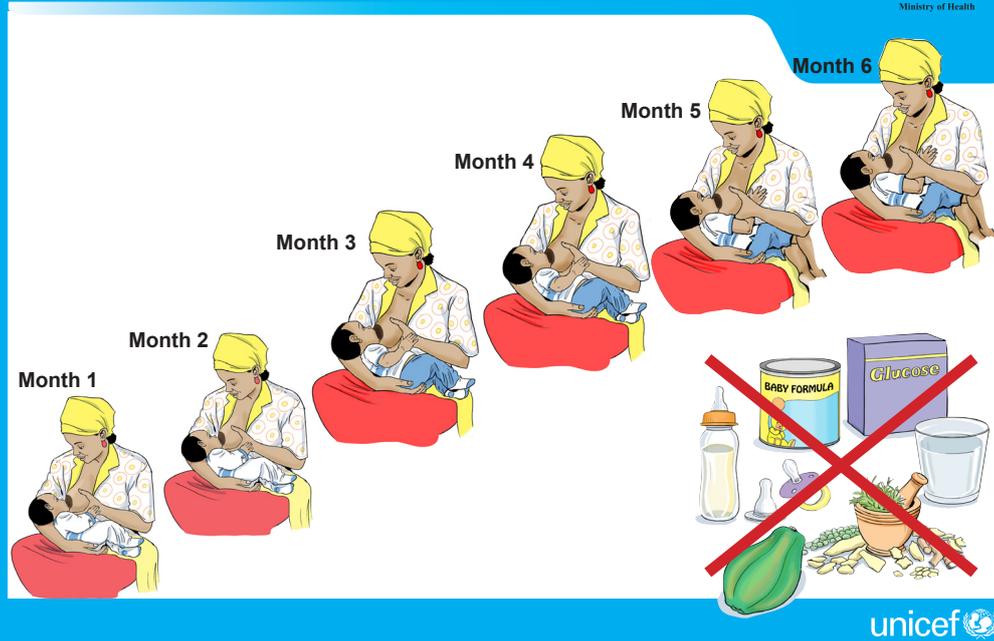
Replacement feeding: The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs.

Step 3: Ask participants to turn to card 7 and say what they see from the picture

Exclusive breastfeeding 0-6 months



Card
7



Summarise using the note below

- It is recommended that mothers give ONLY BREASTMILK for the first 6 months without giving any other foods or drinks, not even water.

Step 4: Ask participants the reasons why mothers should give their babies ONLY BREASTMILK for the first 6 months of life?

Step 5: List down their responses on the flip chart

Summarize advantages of breast milk and of breastfeeding using notes below

It is useful to think of the advantages of both breast milk (listed on the left) and the process of breastfeeding (listed on the right)

Advantages of breastmilk	Advantages of breastfeeding
<ul style="list-style-type: none"> • It contains all the nutrients a baby needs in the first 6 months of life. • It is easily digested and well used in the baby's body • It protects a baby against infections like diarrhoea and chest infections • It provides long-term protection against diseases such as obesity, high blood pressure and diabetes • "Colostrum" acts as the first immunization thus reduces risk of sickness, hospitalization and death 	<ul style="list-style-type: none"> • It costs less than other milks and/or foods. • It helps a mother and baby to develop a close, loving relationship. • It can help to delay a new pregnancy. • Protects against cancer of the breast and the ovaries • It helps the uterus to return to its previous size. • It helps to reduce bleeding, and may help to prevent anaemia.

Facilitator notes

- A baby should not be separated from the mother when she has an infection, because her breast milk protects against the infection.
- Colostrum is the milk produced in the first few days

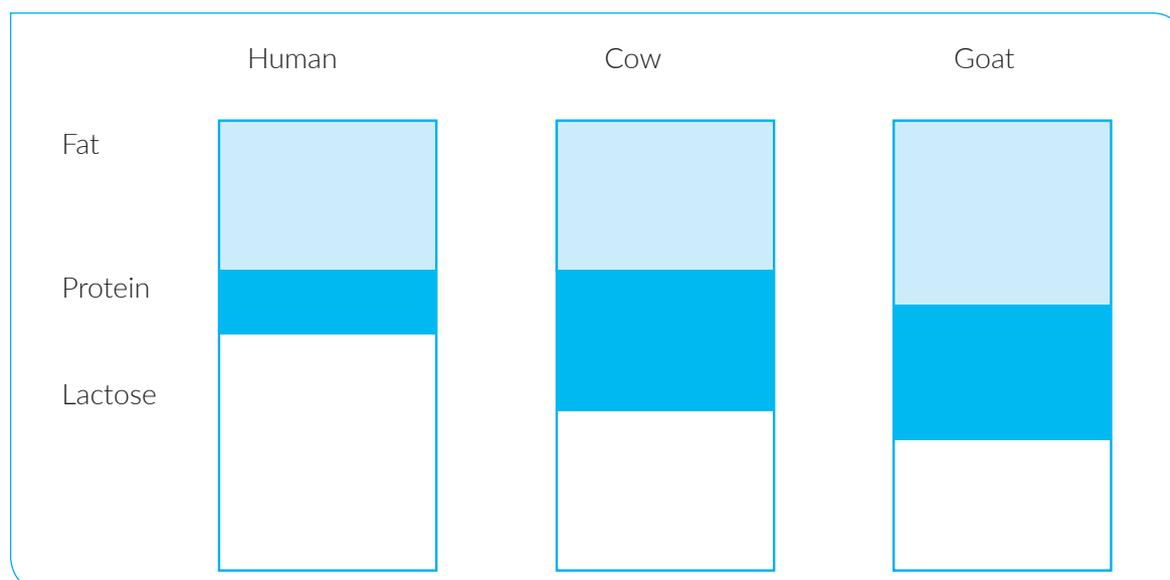
Activity 3

Differences between human milk and animal milk

(15 minutes)

Participants will identify the difference between human and animal milk

Step 1: Ask participants to refer to the handout on **'DIFFERENCE BETWEEN HUMAN AND ANIMAL MILK'**



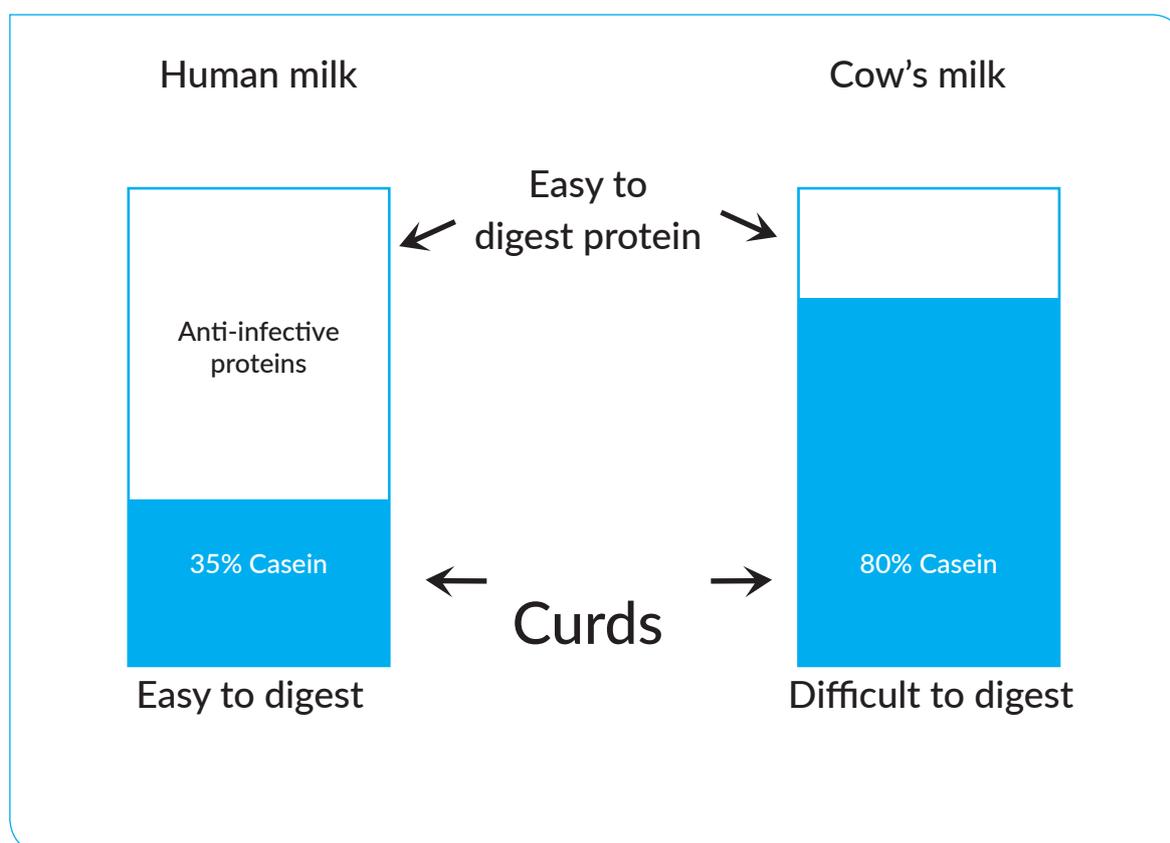
Summarize their ideas using the notes below

- All the 3 types of milk contain fat which provides energy, protein for growth and milk sugar which also provides energy.
- Both cow and goat milk contain more protein than human milk.
- It is difficult for a baby's immature kidneys to remove the extra waste from the protein in animal milk.
- Human milk also contains special fats that are needed for a baby's growing brain and eyes, and for healthy blood vessels. These fats are not present in animal milk

Difference between types of protein in human and animal milk

Participants will discuss the difference in quality and quantity of proteins in human and animal milk.

Step 1: Ask participants to refer to the handout on **'DIFFERENCES IN QUALITY OF PROTEINS IN DIFFERENT MILK'**



Step 2: Ask participants to observe and say what they see
Summarize their ideas using the notes below

Key points on quality of different types of milk

- The protein in different types of milk varies in quality as well as in quantity.
- Most of the protein from animal milk forms thick, indigestible curds in a baby's stomach.
- The easy to digest protein is higher in human milk than that in animal milk
- The easy to digest protein is the one that protects a baby against infections.
- Babies fed on artificial milk may develop intolerance to protein from animal milk.
- They may develop diarrhea, abdominal pain, rashes and other symptoms when they have feeds that contain the different kinds of protein.

Activity 4

Dangers of mixed feeding

(10 minutes)

Participants will discuss in groups on the dangers associated with mixed feeding at the community

- The digestive system of a baby less than 6 months is not able to digest other foods and drinks easily.
- Giving foods or drinks at this age may interfere with proper development of gastrointestinal gut.

Step 1: Divide participants into 5 groups

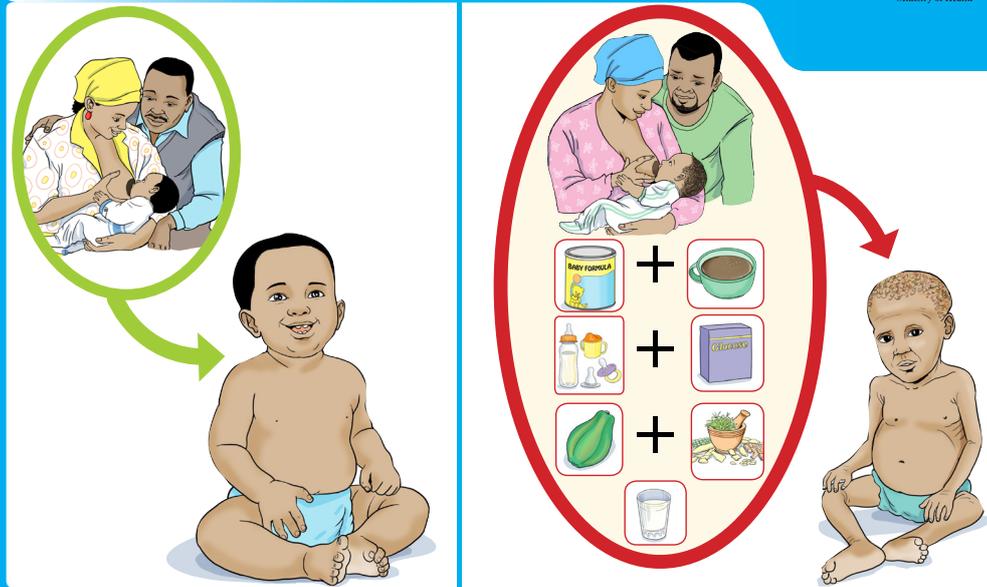
Step 2: Ask participants to list on a flip chart the dangers associated with mixed feeding in their community

Step 3: Ask groups to present their discussions in plenary

Step 4: Ask participants to turn to card 12 and say what they see as you compare with group discussions

Dangers of mixed feeding

Card
12



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Summarise the discussion using the notes below

Dangers of mixed feeding in the first 6 months of life

- Interferes with bonding: the mother and baby may not develop a close, loving relationship.
- The babies get sick more often and more severely, especially with diarrhoea and chest infections
- Babies are more likely to get malnourished as other foods/fluids are not easily digested and they displace the more nutritious breast milk
- Babies get less breast milk: As the baby suckle less, the mother makes less milk
- Babies have greater risk of allergies and milk intolerance
- They have increased risk of obesity and some chronic diseases later in life
- Babies may have lower scores on intelligence tests and more difficulties learning in school
- A mother may become pregnant sooner: the less a mother breastfeeds, the higher the chances of getting pregnant
- Babies have a higher risk of death due to increased risk of infections.
- Less breastfeeding for mothers may lead to increased risk of anaemia, ovarian cancer, and breast cancer

Activity 5

Family support for breastfeeding mothers

(5 minutes)

Participants will discuss different forms of family support for breastfeeding mothers.

In order for mothers to succeed with breastfeeding, they need the support of their spouse, parents, older siblings, friends, neighbours and the community/society.

Step 1: Ask participants to turn to card 9 and say what they see

Family support for breastfeeding

Card 9



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Step 2: List their responses on a flip chart

Summarize using the notes below

Family support for breastfeeding mothers

For mothers to successfully breastfeed they require support from all family members through:

Allowing time and space for mothers to breastfeed while at home (providing a comfortable sitting area, assisting to take care of older children, allowing the baby to breastfeed adequately)

- Providing emotional and physical support for mothers to exclusively breastfeed (helping with household chores, assisting the mother in feeding the baby with expressed breast milk, among others)
- Supporting mothers to eat healthy diets (Ask participants to recall information on feeding during pregnancy and breastfeeding)

Summarize session

(5 minutes)

Ask participants if they have any question or seek clarification

Session 2

How Breastfeeding Works

Participants will learn how breastfeeding works

In order to help mothers, you need to understand how breastfeeding works. There is no specific way of counselling for every situation or every difficulty with breastfeeding but if you understand how breastfeeding works, you can work out what is happening and decide what is best for the mother and counsel her.

Objectives

After completing this session, participants will be able to:

1. Name the main parts of the breast and describe their function
2. Explain the hormonal control of breast milk production and let down
3. Explain the importance and benefits of early initiation of breastfeeding
4. Give the importance of the first milk after delivery (colostrum) to the baby
5. Give the difference between colostrum and mature milk
6. Explain the importance of breastfeeding on demand
7. Give signs that indicate that a baby is hungry

Duration: 1 hour 25 Minutes

Methodologies: Group work, brainstorm, demonstration, discussion, video (optional), Q&A and facilitative lecture

Material: Flip charts, marker pens, masking tape, colored manila paper, manilla cards, MIYCN counselling cards, breast model, (projector, laptop, speakers where possible), videos, c-BFCI handout

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
15 minutes	Main parts of the breast	Discussion , facilitative lecture	Breast model, flip chart, marker pens, c-BFCI Hand out
10 minutes	Hormonal control of breast milk and let down	Discussion, Q &A. Facilitative lecture	Projector/laptop, c-BFCI Hand out
30 minutes	Importance and benefits of early initiation	Group work, facilitative lecture	Stationaries, Speakers, projector, laptop, card 8 c-BFCI Hand out
5 minutes	Importance of the first milk after delivery (colostrum)	Group discussion, facilitative lecture	Stationaries, c-BFCI Hand out
5 minutes	Differences between colostrum and mature milk	Discussion, facilitative lecture	Stationaries c-BFCI Hand out
10 minutes	Breastfeeding on demand and recognizing that a baby is hungry	Buzzing, discussion, lecture	Stationaries, Card 15 c-BFCI Hand out,
5 minutes	Exclusive breastfeeding and child spacing	Discussion, Facilitative lecture	Stationaries, Card 10 c-BFCI Hand out
3 minutes	Session summary	Questions and answers	

Activity 1

Main parts of the breast

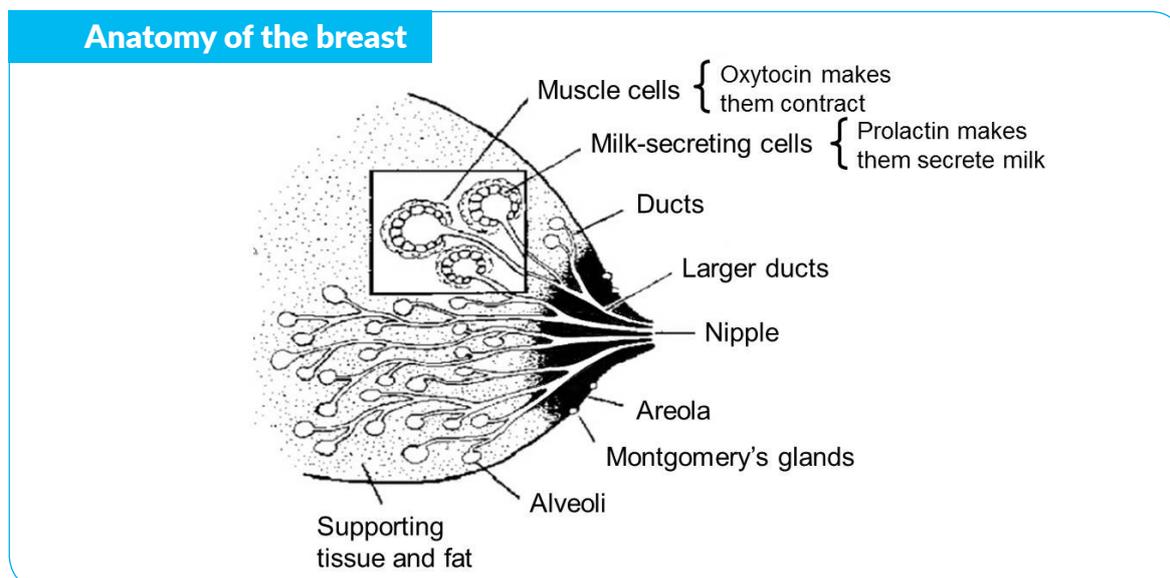
(15minutes)

Participants will understand the main parts of the breast using an illustration

Step 1: Have a ready illustration of the breast with all parts labelled.

Step 2: Ask participants to turn to hand out on 'MAIN PARTS OF THE BREAST'

Step 3: Use the illustration below to explain the parts and their functions using the drawn illustration as you point at the parts for participants to see.



Main parts and functions of the breast –revisit

- **Nipple:** This is where milk flows from
- **Dark skin area (areola):** This is where small glands which secrete an oily fluid to keep the skin healthy (clean and oily) are found
- **Small tubes or ducts:** They carry milk from the small sacs to the outside. Milk is stored in the alveoli and small ducts between feeds.
- **Large ducts:** They are found beneath the dark area of the breast which expand during feeding and hold the breast milk temporarily during the feed.
- **Supporting tissue and fat:** This is the flesh that surrounds alveoli and ducts.
- **Oil secreting glands:** Found in the areola, and on the nipple itself. They make oily secretions to keep the areola and the nipple lubricated and protected.

Step 5: Ask participants to brainstorm on the difference between large breasts and small breasts?

Step 6: List their responses on a flip chart
Summarize the discussion using the notes below

- Some mothers think their breasts are too small to produce enough milk.
- Small breasts and large breasts both contain about the same amount of gland tissue, so they can both make plenty of milk.
- It is the fat and other tissues which give the breast its shape, and which make most of the difference between large and small breasts.

Activity 2

Hormonal control of breastmilk production and let down

(10 Minutes)

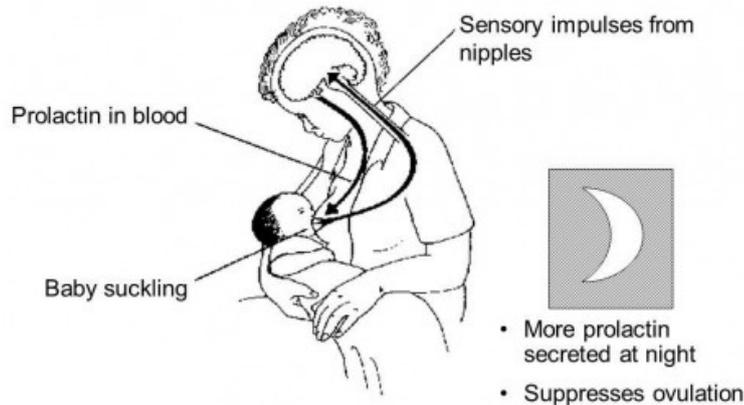
Participants will understand breastmilk production and let down through discussions using illustrations on hormonal control

Breastmilk production and milk flow is influenced by milk production hormone and milk let down hormone

Step 1: Ask participants to look at the handout on **“Milk production hormone”**

Step 2: Ask participants to discuss in pairs what they see in the illustration

- **Secreted *during and after* feed to produce *next* feed**



Step 3: Explain the illustration to the participants
Summarize the discussion using the notes below

How the milk production hormone works

- When a baby suckles at the breast, messages are sent from the nipple to the brain then the milk producing hormone is released
- The milk production hormone goes through the blood to the breast, and makes the milk-producing cells produce milk.
- If a baby suckles more, the breasts make more milk therefore increasing the amount of milk produced

Sometimes people suggest that for a mother to produce more milk, we should give her more to eat, more to drink, more rest, or medicines.

While it is important for a mother to eat and drink enough, these things do not help her to produce milk if her baby does not suckle effectively.

- If a mother has two babies, and they both suckle, her breasts make milk for two.
- If a baby breastfeeds few times, the breasts make less milk
- More milk-production hormone is produced at night; therefore breastfeeding at night is especially helpful for keeping up the milk supply.
- Hormones related to milk-production hormone suppress return of menses so breastfeeding can help to delay a new pregnancy. Breastfeeding at night is also important for this reason.

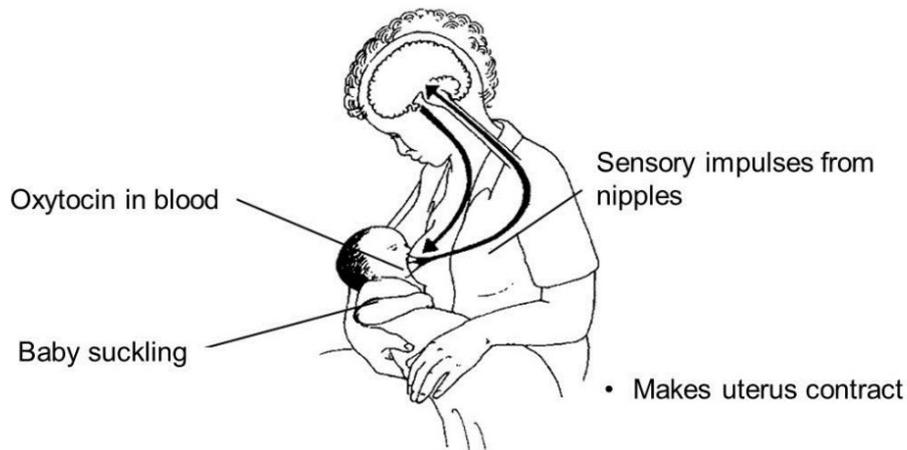
Discuss milk flow hormone

Step 1: Ask participants to turn to the handout on 'Milk flow hormone'

Step 2: Ask participants to discuss in pairs what they see from the illustration

Step 3: Explain the illustration to participants

- Works before or during feed to make milk flow



Summarize the discussion using the notes below

Milk flow hormone

- When a baby breastfeeds, messages go from the nipple to the brain which releases the milk flow hormone.
- This hormone goes through the blood to the breast, and contracts ducts, pushing out the milk with the help of the milk ejection reflex.
- If the milk ejection reflex does not work well, the baby may have difficulty in getting the milk. It may seem as if the breasts have stopped producing milk. However, the breasts are producing milk, but it is not flowing out.
- Another important point about milk ejection reflex is that it makes a mother's uterus contract after delivery. This helps to reduce bleeding, but it sometimes causes uterine pain and a rush of blood during a feed for the first few days. The pains can be quite strong

Factors that help or slow/stop the milk flow process

Step 1: Ask participants to refer to their hand out and find **"HELPING AND HINDERING OF "MILK-FLOW" hormone.**

These help reflex

- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches baby
- Confidence



These hinder reflex

- Worry
- Stress
- Pain
- Doubt

Step 2: Ask participants to brainstorm what they see as you write their ideas on a flip chart

Summarize the discussion using the notes below

Helping and hindering of the milk flow process

- The milk flow hormone is easily affected by a mother's thoughts and feelings.
- Good feelings, like feeling pleased with her baby, or thinking lovingly of him/her, and feeling confident that her milk is the best for him/her, can help the hormone to work and her milk to flow. Feelings such as touching or seeing her baby, or hearing him/her cry, can also help milk flow.
- But bad feelings, such as pain, or worry, or doubt that she has enough milk, can hold back the hormone and stop her milk from flowing. Fortunately, this effect is usually temporary
- A mother needs to have her baby near her all the time, so that she can see, touch and respond to the baby. If a mother is separated from her baby between feeds, her milk flow hormone may not work so easily.
- You need to remember a mother's feelings whenever you talk to her. Try to make her feel good and build her confidence.
- Try not to say anything which may make her doubt her breast milk supply.
- Mothers are often aware of their milk flow hormone.

Signs of an active milk-flow hormone

Step 1: Ask participants to brainstorm on signs of an active milk flow hormone

Step 2: List their responses on a flip chart

Summarize the discussion using the notes below

Signs of an active milk-flow hormone

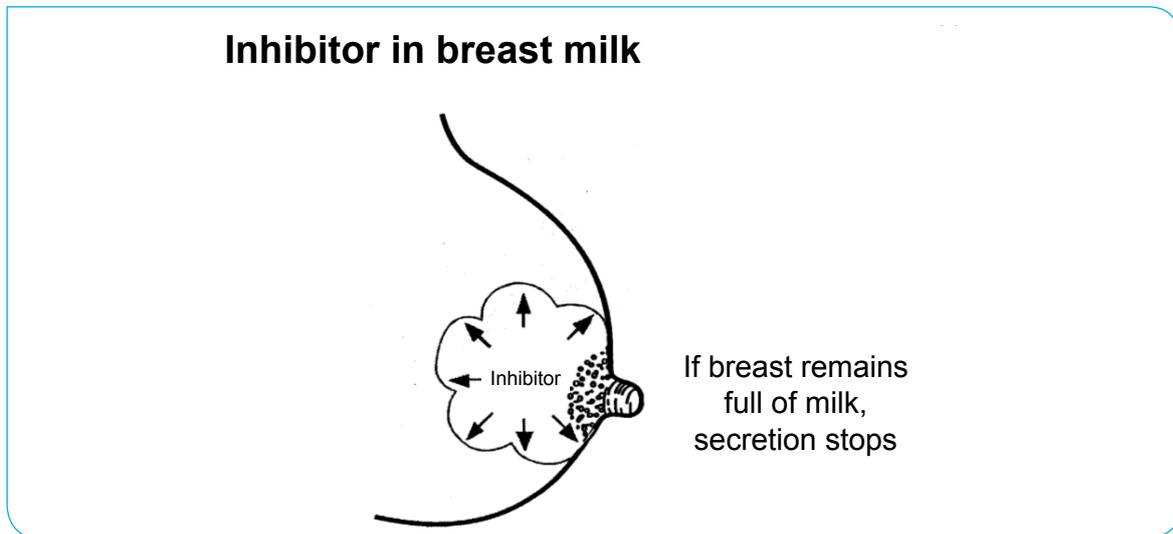
A mother may notice:

- A squeezing or tingling sensation in her breasts just before she feeds her baby, or during a feed.
- Milk flowing from her breasts when she thinks of her baby, or hears the baby crying.
- Milk flowing from her other breast, when her baby is breastfeeding on the other.
- Milk flowing from her breasts in fine streams, if her baby comes off the breast during a feed.
- Pain in the womb sometimes with some bleeding, during a breastfeed in the first week after delivery.
- Slow deep sucks and swallowing by the baby, which show that breast milk is flowing into his/her mouth.

Factors that stop production of breast milk

Step 1: Ask participants to turn to handout on **“Inhibitor in breast milk”** and ask them to say what they see

Step 2: List their responses on a flip chart



Summarize the discussions using the notes below

Factors that stop production of breast milk

- Breast milk production is also controlled within the breast itself.
- You may wonder why sometimes one breast stops making milk, while the other breast continues to make milk - although the hormones go equally to both breasts.
- There is a substance in breast milk which can reduce or stop milk production.
- If a lot of milk is left in a breast, the breast stops producing milk. This helps to protect the breast from the harmful effects of being too full. It is obviously necessary if a baby dies or stops breastfeeding for some other reason.
- If breast milk is removed, by breastfeeding or expressing, the breasts start producing milk.

This helps you to understand why:

- If a baby stops breastfeeding from one breast, that breast stops making milk.
- If a baby breastfeeds more from one breast, that breast makes more milk and becomes larger than the other.

It also helps you to understand why:

- For a breast to continue making milk, it must be emptied.
- If a baby cannot breastfeed from one or both breasts, the breast milk must be removed by expressing to enable production to continue. This is an important point which we will discuss later in the course when we talk about expressing breast milk.

Activity 3

Importance and Benefits of Early Initiation

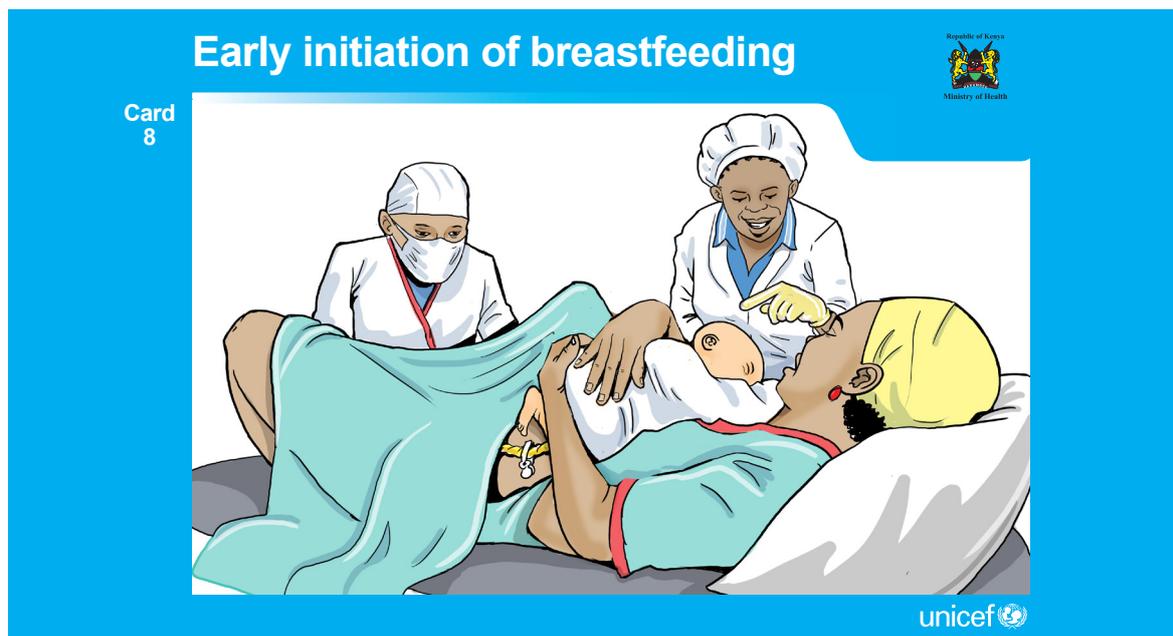
(30 Minutes)

Participants will discuss the importance of early initiation of breastfeeding.

Having learnt about how breastfeeding works, we will now see some of the practices that can help a mother to breastfeed successfully. One of such practices is early initiation

Early initiation of breast feeding

Step 1: Ask participants to open card no.8 on early initiation of breastfeeding



Step 2: Ask participants to say what they see in the card

Step 3: List their responses on a flip chart

Optional methodology

Note: In situation where a technology is available, use of a video is recommended

Step 1: Show the video on early initiation of breast feeding

Step 2: Ask the participants to mention what they saw from the video and list them on a flip chart

Summarize the discussion using the notes below (for both methodologies)

Early initiation to breast feeding

- Babies should be placed in skin-to-skin contact with their mothers immediately following birth for at least an hour and mothers should be encouraged to recognize when their babies are ready to breastfeed, offering help if needed.
- Avoid drying the baby's hand as the smell of the amniotic fluid helps the baby to locate the position of the nipple
- Cover the mother and baby to keep baby warm.
- Early initiation of breastfeeding is a natural way where a baby breastfeeds from its mother when born. Baby is left to find their mother's nipple on their own. Babies are not forced to the nipple.
- Mothers should start breastfeeding within the first one hour of birth with assistance from the health care worker.
- Mothers should be encouraged to recognize when their babies are ready to breastfeed
- Delay activities like bathing, feeding the mother, wiping the baby etc that are not urgent and give priority to initiation of breastfeeding.
- Do not give anything after birth. No other food or drinks to the new born baby including glucose, gripe water, formula milk and herbal medicine

Benefits of early initiation of breastfeeding

Step 1: Divide participants into 5 groups

Step 2: Ask participants to discuss on the benefits of starting breastfeeding within 1hour after birth and write their responses on a flip chart.

Step 3: Ask each group to present their points

Step 4: summarize using the notes below.

Benefits of early initiation/ skin-skin

- Helps to establish a baby rooting, sucking and swallowing reflexes
- Increases the likelihood of exclusive breastfeeding and the overall duration of breastfeeding
- Keeps baby warm
- Mother and baby feel calmer, so that helps breathing and the baby's heartbeat is more stable. Thus, the baby will be less fussy, thereby reducing energy consumption.
- It stimulates the babies senses: touch ,taste, sight, smell, hearing; it comforts the child; and stimulates his/her eyes
- The smell of the breast causes the baby to move towards the nipple. The baby's sense of smell is well developed. They are able to smell a substance released by the nipple similar to the smell of the substance in the amniotic fluid that surrounds the baby in the womb and reach out to the nipple and start breastfeeding.
- Promotion of early bonding between the mother and the baby
- Helps in reducing bleeding after delivery

- Prevents death among babies by reducing the risk of infectious diseases.
- Avoid rushing the baby to the breast or pushing the breast into the baby's mouth
- Infants get the first milk called colostrum which is a precious liquid that is rich in antibodies (antibodies) and other important substances that are important for intestinal growth. Baby's intestines at birth are still very young, not ready to process food intake.
- There should be no pressure on the mother or baby regarding how soon the first feed takes place, how long a first feed lasts, how well attached the baby is or how much colostrum the baby takes. The first time of suckling at the breast should be considered an introduction to the breast rather than a feed

Activity 4

Colostrum "the first milk"

(5 Minutes)

Participants will brainstorm on definition of colostrum and its importance to baby

Step 1: Ask participants to brainstorm on what colostrum is and enquire the local name from the community

Step 2: List their responses on a flip chart

Explain what colostrum is using the notes below

- Colostrum is the first milk produced immediately after birth which is usually thick yellow in colour (although the colour may vary between women for some it could be a clear liquid)
- It is full of antibodies which help protect the baby from illness
- Taking colostrum within the first hour of life has been shown to prevent death of babies in the first month of life

Importance of the first milk (colostrum)

Step 1: Ask participants to brainstorm on the importance of the "first milk" (colostrum).

Step 2: List their responses on a flip chart.

Summarize using the notes below.

Importance of Colostrum

- Protects against and prevents allergy and intolerance.
- Protects against infection
- Helps to clear first dark stool
- Helps to prevent developing yellow colour
- Helps intestines to mature
- Rich in vitamin A which reduces severity of infection

Facilitator notes

- Colostrum contains special properties and is therefore important
- Colostrum contains more proteins than mature milk.
 - It contains more white blood cells than mature milk.
 - Colostrum helps to prevent the bacterial infections that are a danger to new-born babies and provides the first immunization against many of the diseases that a baby meets after delivery.
 - Colostrum helps to clear the baby's gut of the first dark stools.
 - Colostrum contains many growth factors which help a baby's immature intestine to develop after birth. This helps to prevent the baby from developing allergies and intolerance to other foods.
 - Colostrum is rich in vitamin A which helps to reduce the severity of any infections the baby might have.
 - Therefore, it is very important for babies to have colostrum for their first few feeds. Colostrum is ready in the breasts when a baby is born.
 - Babies should not be given any drinks or foods before they start breastfeeding. Artificial feeds given before a baby has colostrum are likely to cause allergy and infection.

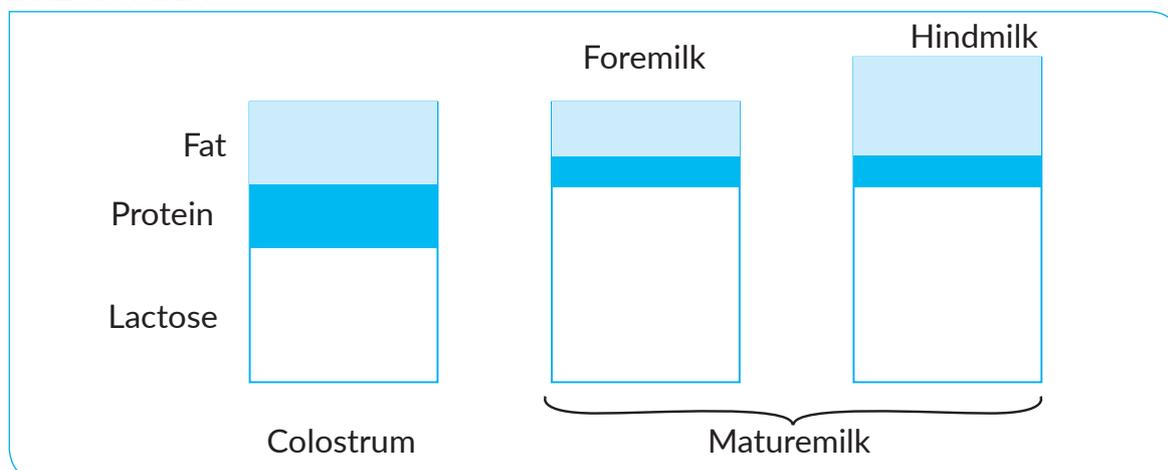
Activity 5

Difference between Colostrum and Mature Milk (5 minutes)

Participants will learn the difference between colostrum and mature milk using an illustration.

- The composition of breast milk is not always the same. It varies according to the age of the baby, and from the beginning to the end of a feed.
- Colostrum - the milk produced in the first few days after delivery – is quite different from the milk produced after that.

Step 1: Ask participants to turn to handout on **'DIFFERENT TYPES OF BREASTMILK'**



Step 2: Ask participants what they see between the different types of breastmilk in the illustration.

Summarize the differences using the notes below

Difference between colostrum and mature milk

- Colostrum is the special breast milk that women produce in the first few days after delivery.
- It is thick, and yellowish or clear in colour. It contains more protein than later milk (Point to the area on the graph)
- After a few days (3-5 days), colostrum changes into mature milk.
 - Mature milk: is a larger amount of milk and the breasts feel full, hard and heavy.
 - Foremilk: is the thinner milk that is produced in the first few minutes of a feed. It is produced in large amounts and provides plenty of protein, lactose, water and other nutrients. Babies do not need other drinks of water before they are six months old, even in a hot climate
 - Hind milk: is the whiter milk that is produced later in a feed. It contains more fat than foremilk which is why it looks whiter (Point to the area on the graph). This fat provides much of the energy of a breastfeed which is why it is important not to take the baby off a breast too quickly
- Mothers sometimes worry that their milk is 'too thin'. Milk is never 'too thin'. It is important for a baby to have both foremilk and hind milk to get a complete 'meal', which includes all the water that he needs.

Activity 6

Breast feeding on demand and recognizing signs of hunger in a baby (10 Minutes).

Participants will discuss in groups the importance of breastfeeding on demand as well as how to recognize signs of hunger in a baby.

- Breastfeeding on demand means breastfeeding whenever the baby or mother wants, with no restrictions on the length or frequency of feeds
- Breastfeeding your baby on demand – both day and night (8-12 times/day) – helps to build up your milk supply

Step 1: Display 2 flip charts titled 'Importance of breastfeeding on demand' and 'signs of hunger' on different ends of the classroom

Step 2: Divide the participants into 2 groups and assign them tasks based on step one

Step 3: Issue manila cards to the 2 groups to write their ideas on 'Importance of breastfeeding on demand' and 'signs of hunger' respectively

Step 4: Ask the Participants to stick the manila cards on the designated flip charts

Step 5: Lead participants to a gallery walk starting with the flip chart on 'Importance of breastfeeding on demand' then 'signs of hunger'

Step 6: Ask participants to open card no 15 and to say what they see



Summarize ideas for each group using the notes below

Importance of breastfeeding on demand

- Earlier passage of the first dark stool 'meconium'
- Breast-milk production increases sooner
- Larger volume of milk produced by day 3
- Less occurrence of yellow skin for the baby
- Reduces risk of excessive bleeding after delivery

Demand and Supply

- Frequent breastfeeding or milk removal causes the breasts to produce more milk
- The amount of breastmilk removed at each feed determines the amount of milk to be produced in the next few hours
- Milk removal must be continued during separation to maintain supply

How can a mother recognize signs of hunger from her baby

- Baby opens mouth and searches for the breast
- Makes sucking/clicking movements or sounds - licks lips
- Sticks out his/her tongue
- Puts hand in his/her mouth
- Makes rapid eye movement before his/her eyes are open
- Moves head back forth frowning
- Gets restless and may cry

⌚ Activity 7

Lactation Amenorrhea and Child Spacing

(5 Minutes)

Participants will learn how exclusive breastfeeding can help prevent a pregnancy.

Step 1: Explain to the participants about Lactation Amenorrhea Method (LAM) and how it works as a way family planning using the notes below

Lactation Amenorrhea and family planning

One of the benefits of EBF is that it can help prevent pregnancy
The lactation amenorrhea method (LAM) is a method of family planning based on natural infertility resulting from EBF

LAM:

- Lactation = EBF, on demand, day and night
- Amenorrhea = No menstrual period after 2 months after delivery
- Method = modern method, temporary-6 months after delivery

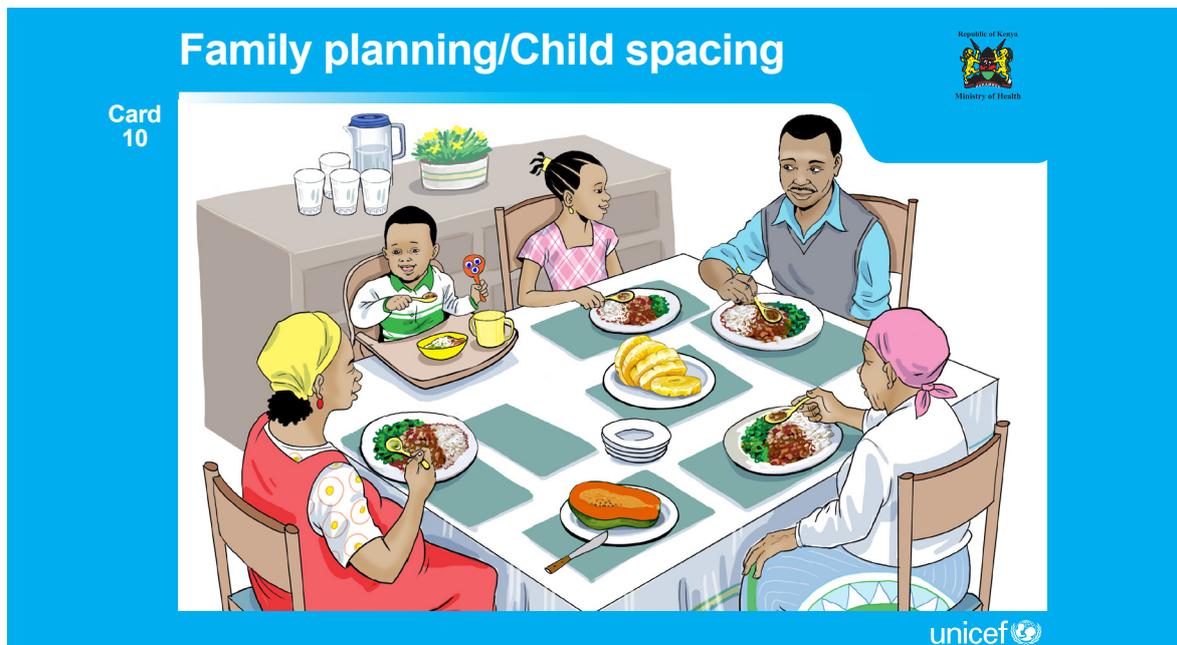
To use LAM, a woman must meet three criteria:

- The woman's menstrual periods have not returned after delivery.
- The baby must be exclusively breastfed on demand, frequently, day and night.
- The baby must be under 6 months' old

Advantages of family planning

Step 1: Ask participants to brainstorm on the advantages of family planning and write their responses on a flip chart

Step 2: Ask participants to open card 10 (family planning/child spacing) and say what they see



Summarize the discussion using the notes below

Advantages of family planning

- Mothers are less likely to die in childbirth
- Mothers are less likely to lose pregnancy
- Their new-borns are less likely to die, be underweight or be born early
- Babies grow bigger, stronger and healthier
- Older children are more likely to be healthy and grow well
- Good health of the mother
- Good health of the baby
- Baby grows well
- Allow for enough time to breastfeed

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 3

Breastfeeding Techniques

Participants will learn key points of positioning and attachment, as well as the various breastfeeding positions.

Session Objectives

After completing this session, participants will be able to:

1. Describe the 4 key points of positioning (use memoir)
2. Describe C-shape support of the breast while breastfeeding
3. Describe the 4 key points of attachment(use memoir)
4. Describe the 4 key points of suckling
5. Demonstrate the main positions – sitting, lying down, underarm and across
6. Watch a video on attachment and positioning (optional)
7. Identify good and poor positions and attachments (observe a breastfeed)

Duration: 1 hour 30 Minutes

Methodologies: Group work, discussion, brainstorming, role play, video (optional) facilitative lecture, Q&A,

Material: Flip charts, marker pens, masking tape, colored manila paper, manila cards, MIYCN counseling cards, breast model, (projector, laptop, speakers where possible)

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
5 minutes	Role play mother (A and B)	Brainstorming, role play, lecture	Flip charts, marker pens
15 minutes	Four key points of positioning	Facilitative lecture, demonstration	Flip charts, marker pens, Counselling card 13

5 minutes	Supporting the breast for feeding (C shape)	Demonstration, Discussion, facilitative lecture	Flip charts, marker pens
10 minutes	Four key points of attachment	Demonstration, Discussion, facilitative lecture	Flip charts, marker pens, Baby dolls, Breast model, Counselling card 13
5 minutes	Four key points of suckling	Buzz groups, Discussion, facilitative lecture	Flip charts, marker pens
15 minutes	Main breastfeeding positions	Demonstration, Discussion, facilitative lecture	Baby dolls Counselling card 14
10 minutes	Watching a video on/ discuss attachment and positioning (Optional)	Watching video, Discussion	Video, TV screen/ projector and laptop, Flip charts, marker pens
20 minutes	Identifying good and poor positioning and attachment (observe a breastfeed)	Demonstration, Discussion, facilitative lecture	Mother/baby pair
3 minutes	Session summary	Questions and answers	

Activity 1

Role play (mother A and B)

(5 minutes)

Participants learn to how to position a baby at the breast through a role play (mother A and mother B)

Step 1: Ask co-facilitators to come forward and conduct the mother A and B role-play.

Step 2: Ask participants to observe the two mother-baby pairs keenly as they will be required to share their observations.

Case scenario

Mother A (name) sits comfortably and relaxed, acts being happy and pleased with her baby

Holds baby close facing her breast and she supports baby's whole body

she looks at her baby and touches him / her lovingly

she supports her breast with her fingers against her chest wall below her breast, while her thumb is above and away from the nipple

Mother B (name) sits un comfortably, acts being sad and not interested in her baby. She holds baby loosely and not close with neck twisted and does not support the whole body

she does not look at him/her or touch, but shakes him/her few times to make him/her go on breastfeeding. She uses a scissor grip to hold her breast

Step 3: Ask participants to share out their observations of the role play.

Step 4: Ask mother A and B to go back to their sits

Step 5: Tell participants that from observations mother B has challenges breastfeeding her baby. We shall learn how to help mother B with positioning, attachment and suckling

Four key points of positioning

(15 Minutes)

Step 1: Ask participants to open card 13 and take a few minutes to look at the Card.



Step 2: Ask participants to say what they see from the card and list responses on a flip chart

Summarize the discussion with the notes below

Four key points of positioning

1. Baby's head and body in line
2. Baby held close to the mother
3. Baby's whole body supported
4. Baby approaches breast, nose to nipple

Resource notes

Importance of correct positioning

- Correct positioning and attachment helps to ensure that your baby suckles well and you produce a good supply of breast milk.
- The mother should use a pillow or folded clothes to help the baby come close to the breast
- She should sit comfortably in an upright position

Use the description below to help participants remember positioning a baby to the breast

Breastfeeding position

1. Fold your left hand at a right angle and use the right hand to slap the left hand at the point where baby's head lies, demonstrating head and body inline.
2. Slap the palm of the left hand using the right hand at the point where mother supports baby's buttocks (not holds) demonstrating whole body supported.
3. Slap palm and whole of left arm against stomach to demonstrate that baby is held close to mother and turns towards mother.
4. Lift the left arm supporting the baby so that the baby approaches the breast from below the nipple, to demonstrate baby approaching the breast nose to nipple.
5. Swing the right hand and arm behind waist to demonstrate that baby's hand and arm should be behind mother.

Activity 3

Supporting the Breast for feeding

(5 Minutes)

Participants learn how to help a mother support her breast using a model breast

- It is important to show a mother how to support her breast with her hand when breastfeeding.
- If she has small and high breasts, she may not need to support them

Step 1: Demonstrate to participants the right way to support the breast during a breastfeed.

Proper breast support

- She should place her fingers flat on her chest wall under her breast, so that her first finger forms a support at the base of the breast.
- She can use her thumb to improve the shape of the breast so that it is easier for her baby to attach well (C-shape).
- She should not hold her breast too near to the nipple.
- Mothers should avoid 'scissor' hold as it can block milk flow.

Resource notes

Poor breast support

- Holding the breast with the fingers and thumb close to the areola
- Pinching up the nipple or areola between your thumb and fingers, and trying to push the nipple into a baby's mouth
- Holding the breast in the 'scissor' hold - index finger above and middle finger below the nipple

Activity 4

Four key points of good attachment

(10 Minutes)

Participants will learn the four key points of good attachment while breastfeeding

- In an earlier session, we learnt that there are four key points of positioning a baby to the breast.
- We will now discuss the 4 key points of attachment

Step 1: Ask participants to look at counselling card 13 and say what they see

Positioning, attachment and suckling

Card 13



Republic of Kenya
Ministry of Health

unicef

Step 2: List their responses on a flip chart
Summarize using the notes below

4 key points of attachment

1. More areola seen above baby's top lip
2. Baby's mouth wide open
3. Lower lip turned outwards
4. Baby's chin touches the breast

Facilitator notes

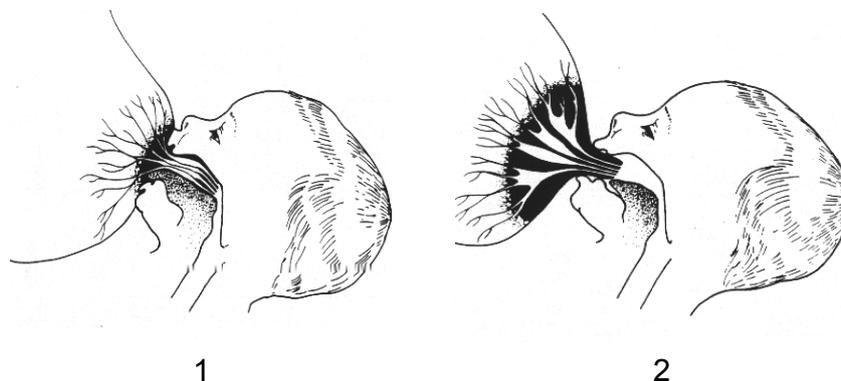
Good attachment to the breast

- The diagram shows how a baby takes the breast into his mouth to suckle
- He has taken much of the dark part of the breast (areola) into his mouth.
- The larger milk tubes (ducts) are inside this dark part of the breast.
- The baby has pulled the breast tissue out to form a long 'teat'.
- The nipple forms only a small part of the 'teat'.
- The baby is suckling from the breast, not from the nipple
- The baby's tongue is cupped round the 'teat' of breast
- The role of the tongue is to press milk out of the breast into the baby's mouth.

Step 5: Refer participants to hand out on **'GOOD AND POOR ATTACHMENT'**

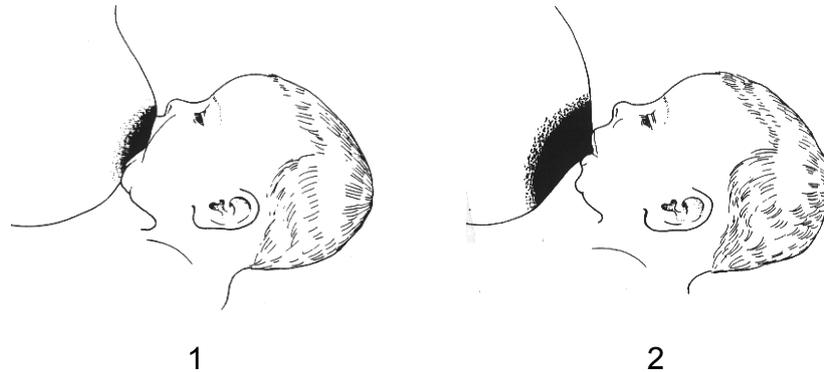
Good And Poor Attachment

What differences do you see?



Attachment (outside appearance)

What differences do you see?



Step 6: Ask participants to say what they see and list their responses on a flip chart. Summarize using the notes below.

Comparison between good and poor attachment

Here you see two pictures.

In picture 1 the baby is well attached to the breast as earlier discussed.

In picture 2 the baby is not well attached to the breast because:

- Only the nipple is in the baby's mouth, not including the dark part.
- The larger milk tubes (ducts) are outside the baby's mouth, where his tongue cannot reach them.
- The baby's tongue is pulled back inside his mouth, and not pressing on the larger milk tubes.
- The baby in picture 2 is 'nipple sucking'.

Resource notes

Attachment memoir (CALM)

C - Chin touches the breast

A - Areola seen more above than below

L - Lower lip turned outwards

M - Mouth wide open

Results of poor attachment

- Painful nipples
- Damaged nipples
- Engorgement
- Baby unsatisfied and cries a lot
- Baby feeds frequently and for a long time
- Decreased milk production
- Baby fails to gain weight

- If the baby is poorly attached, and 'nipple sucks', it is painful for the mother.
- Poor attachment is the most direct cause of sore nipples.
- As the baby sucks hard to try to get milk, they pull the nipple in and out. If a baby continues to suck in this way, they can damage the nipple skin and cause cracks.
- As the baby does not remove breast milk effectively, the breasts may become engorged.
- Because the baby does not get enough breast milk, they are unsatisfied and cry a lot. They may want to feed often or for a very long time at each feed.
- Eventually as breast milk is not removed the breasts may make less milk.
- A baby will fail to gain weight and the mother may feel like she is a breastfeeding failure.
- To prevent this from happening all mothers need skilled help to position and attach their babies.
- Babies should not be given feeds using bottles as they may have difficulty suckling effectively because of nipple/teat confusion. Babies who start bottle feeds after a few weeks may also begin to suckle ineffectively.

Activity 5

Four key points of Suckling

(5 Minutes)

Participants will learn the key points of effective suckling.

- A baby who has been well positioned and attached to the breast should be able to suckle effectively
- If the baby does not breastfeed effectively, they may fail to gain weight as they will not be able to get the adequate amount of milk from the breast.
- Previously, we learnt about the proper positioning, attachment and the three main reflexes in a child that enable them to suckle effectively

Step 1: Ask participants to brainstorm on how to tell that a baby is breastfeeding well

Step 2: List their responses on a flip chart

Summarize using the notes below

A baby who is suckling effectively should:

- Take slow, deep sucks with pauses in between
- Not make clicking sounds while breastfeeding
- Have rounded cheeks
- Release the breast on their own when satisfied
- Mother should notice signs of milk flow reflex like milk flowing from the opposite breast

Note: Remind participants that proper positioning and correct attachment is key to effective suckling

Resource notes

- Look and listen for the baby taking slow deep sucks. This is an important sign that the baby is getting breast milk and is suckling effectively. If a baby takes slow, deep, sucks then he is probably well attached.
- If the baby is taking quick shallow sucks all the time, this is a sign that the baby is not suckling effectively.
- If the baby is making clicking sounds as he sucks this is a sign that he is not well attached.
- Notice whether the baby releases the breast himself after the feed, and looks sleepy and satisfied.
- If a mother takes the baby off the breast before he/she has finished, he may not get enough hind milk.

Activity 6

Main Breastfeeding Positions

(15 Minutes)

Participants will learn the different positions a mother can hold her baby while breastfeeding through observation and demonstration.

- A mother can hold her baby in different positions while breastfeeding.
- We will now learn different positions that may be useful to mothers in different circumstances
- All key points of positioning and attachment should be applied regardless of the breast feeding position that the mother may choose

Step 1: Ask participants to refer to counselling card 14 and ask them to observe the different positions



Step 2: Ask volunteer participants to come forward and demonstrate the different positions using a baby doll

Step 3: Facilitator to assist the volunteer participants to ensure that each position is clearly demonstrated

Resource notes

- **Cradle position:**
 - Comfortable and most commonly used for a healthy mother and baby
- **Cross arm position:**
 - For small or ill babies. You have good control of baby's head and body, so helpful when a baby is learning to breastfeed.
- **Underarm position:**
 - For twins or to help to drain all areas of the breast.
 - Gives you a good view of the attachment.
- **Side lying position:**
 - Comfortable after a caesarean section
 - Helps a mother to rest.

Resource notes

A common reason for difficulty attaching when lying down, is that the baby is too 'high' near the mother's shoulders, and their head has to bend forward to reach the breast.

- Place a pillow under the mother's head and another under her chest. This may help her get comfortable. (use two pillows or clothing to achieve the most 'comfortable' position for the 'mother')
- Explain that the 4 key points of positioning apply for a mother who is lying down as well.
- She can support her baby with her lower arm, she can support her breast if necessary with her upper arm.
- If she does not support her breast, she can hold her baby with her upper arm.

Note: In situations where technology is available, show video on "helping a mother breastfeed"

(10 Minutes)

NOTE: the video is meant to emphasize the key points of attachment, positioning and suckling and skip step 8

Set up for watching a video titled 'helping a mother breastfeed' and invite participants to pay attention as they will be required to give feedback on key points.

Run the video

Step 8: Debrief the video and clarify any issues that were not clear

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 4

Counselling skills: Listening & learning skills

Participants will learn appropriate skills necessary for counselling mothers and care givers on infant and young child feeding.

Objectives

After completing this session, participants will be able to:

1. List the 6 listening and learning skills
2. Give an example of each skill
3. Demonstrate the appropriate use of the skills when counselling on infant and young child feeding

Duration: 1 Hour

Methodologies: Role plays, discussion, demonstrations, facilitative lectures, brainstorming and Q&A

Material: Flip charts, marker pens, masking tape

Session plan

Duration	Topic	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip charts, marker pens, masking tapes
55 minutes	Demonstration of the listening and learning skills	Facilitative lecture, Demonstrations, Discussion	Flip charts, marker pens, masking tapes, demo 4.1A - 4.1 O (c-BFCI handout)
3 minutes	Sessions summary	Questions and answers	

Introduction to the session

(5 minutes)

We are going to illustrate the counselling skills to mothers who are either breastfeeding, giving complementary feeds, or, in some cases, giving replacement feeds to their infants and young children

Step 1: Ask participants if they can remember the OTT/AAA approach discussed in unit 1?

Summarize the discussion by referring participants to handout on OTT/AAA

Step 1: Ask participants to brainstorm on the definition of counselling

Summarize using the notes below

Definition of Counselling

- Counselling is a way of working with people by trying to understand how they feel and help them to decide what they think is best to do in their situation.
- These skills can also be used when talking to other caregivers about infant feeding
- Counselling mothers about feeding their infant is not the only situation in which counselling is useful.

Step 3: Ask participant in pairs to brainstorm on qualities of a good counsellor

Step 4: Write their responses on a flip chart.

Step 5: Draw a face with big eyes, ears and a small mouth on a flip chart for all to see

Summarize the discussion using the illustration and notes below

Qualities of a good counsellor

- Good listener
- Observant
- Knowledgeable on the subject matter
- Maintains confidentiality
- Respectful

Activity 1

State and demonstrate: Listening and Learning Skills (55 minutes)

Participants learn how counsel a mother/caregiver using listening and learning skills

Step 1: Write the heading **Flip chart 1** and a title **'Listening and Learning Skills'** on a flip chart with blank spaces for six points below it

Step 2: Write each skill on the blank spaces provided in step 1 above while explaining and demonstrating

Skill 1:Using Helpful Non-Verbal Communication (15 minutes)

Participants learn the five different kinds of non-verbal communication

Step 1: Write 'Use Helpful Non-Verbal Communication' on Flip chart 1, and 'Helpful Non-Verbal Communication' on another labelled as flip chart 2, with room for a list of five points below it

Step 2: Ask participants to brainstorm on the Non-Verbal Communication skill Summarize using the notes below

"Non-verbal communication means showing your attitude through your posture, your expression, everything except through speaking".

Step 3: Place a chair at the front of the room so that all participants can see then ask the participant prepared earlier to sit down, hold a baby doll, and act as a mother.

Step 4: Facilitator demonstrates the five different kinds of non-verbal communication - (Demonstration 4.1.A below)

Step 5: Ask a co-facilitator to write the lessons for each non-verbal skill on a flip chart.

Step 6: Facilitator demonstrates each skill approaching the 'mother' in two ways:

- first, in the way that hinders communication and
- Second in the way which helps communication

Demonstration 4.1.A Non-Verbal Communication

With each demonstration say exactly the same few words, and try to say them in the same way, for example:

“Good morning, Susan. How is feeding going for you and your baby?”

1. Posture:

Hinders: Stand with your head higher than the other person's

Helps: Sit so that your head is level with hers.

- Write – ‘Keep Your Head Level’ on the flip chart (Flip chart2).

2. Eye contact:

Hinders: Look away at something else, or down at your notes

Helps: Look at her and pay attention as she speaks

- Write – ‘Pay Attention’ on the flip chart.

(Note: eye contact may have different meanings in different cultures. Sometimes when a person looks away it means that he or she is ready to listen. If necessary, adapt this to your own situation)

3. Barriers:

Hinders: Sit and hold the MIYCN counselling card, in way blocking the mother from seeing your face.

Helps: Hold the counselling card in way that is not blocking the mothers face

- Write – ‘Remove Barriers’ on the flip chart.

4. Taking time:

Hinders: Be in a hurry. Greet her quickly, show signs of impatience, look at your watch

Helps: Make her feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer

- Write – ‘Take Time’ on the flip chart.

5. Touch:

Hinders: Touch her in an inappropriate way

Helps: Touch the mother appropriately (if applicable)

- Write – ‘Touch appropriately’ on the flip chart.

(Note: Discuss appropriate touch in this community and have the list written on Flip chart 2 and post it up on the wall. If you cannot demonstrate an inappropriate touch, simply demonstrate not

touching. In infant feeding, it may be helpful to touch the baby and not the mother.)

- Our non-verbal communication often demonstrates to a mother or caregiver our approval or disapproval of a situation.
- We should be careful to avoid allowing our own views on certain subjects, e.g. religion, to be expressed in a counselling situation where it might appear as though we are judging a mother.

Skill 2: Asking open ended questions

(7 minutes)

Participants learn how to ask open ended questions

- The next 5 skills deal with what we say to mothers. In other words 'verbal communication'.
- Remember that the tone of our voice is important during verbal communication.
- During counselling we are trying to find out how people feel, thus the need to sometimes probe beneath the surface if we wish to learn their real worries and their concerns.

Step 1: Write, 'Ask Open Ended Questions' on the list of listening and learning skills (Flip chart 1).

Step 2: Explain the skill of asking open ended questions.

Asking Open Questions

- To start a discussion with a mother, or to take a history from her, you need to ask some questions.
- It is important to ask questions in a way that encourages a mother to talk to you and to give you information.
- This saves you from asking too many questions, and enables you to learn more in the time available.
- Open questions are usually the most helpful. To answer them, a mother must give you some information.
- Open questions usually start with 'How? What? When? Where? Why? Who?' for example, "How are you feeding your baby?"
- Closed questions are usually less helpful. They tell a mother the answer that you expect, and she can answer them with a 'Yes' or 'No'.
- Closed questions usually start with words like 'Are you?' or 'Did he?' or 'Has he?' or 'Does she?' For example: "Did you breastfeed your last baby?"
- If a mother says 'Yes' to this question, you still do not know if she breastfed exclusively, or if she also gave some artificial feeds.
- If you continue to ask questions to which the mother can only answer 'yes' or 'no', you can become quite frustrated, and think that the mother is not willing to talk, or that she is not telling the truth.

Step 3: Demonstrate listening and learning skills using demonstrations 4.1 B – 4.1 I

Step 4: Identify 2 participants and ask 1 to read the words of the mother while the other reads the part of the Community health volunteer. Follow the reading to **ask** and **comment** when it is indicated.

Demonstration 4.1 B Closed Questions to Which she can Answer 'Yes' or 'No'

Community

health volunteer: "Good morning, (name). I am (name), the community midwife. Is (child's name) well?"

Mother: "Yes, thank you."

Community

health volunteer: "Are you breastfeeding him?"

Mother: "Yes."

Community

health volunteer: "Are you having any difficulties?"

Mother: "No."

Community

health volunteer: "Is he breastfeeding very often?"

Mother: "Yes."

Ask: What did the Community health volunteer learn from this mother?

Comment: The Community health volunteer got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.

Demonstration 4.1.C Open Ended Questions

Community

health volunteer: "Good morning, (name). I am (name), the community midwife. How is (child's name)?"

Mother: "He is well, and he is very hungry."

Community

health volunteer: "Tell me, how are you feeding him?"

Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening."

Community

health volunteer: "What made you decide to do that?"

Mother: "He wants to feed too much at that time, so I thought that my milk is not enough."

Ask: What did the Community health volunteer learn from this mother?

Comment: **The Community health volunteer asked open ended questions. The mother could not answer with a 'yes' or a 'no', and she had to give some information. The Community health volunteer learnt much more.**

Step 5: Introduce the role-plays demonstrating using questions to start and continue a conversation.

The Community health volunteer is talking to a mother who has a young baby whom she is breastfeeding.

Demonstration 4.1.D Starting and Continuing a Conversation

Community health volunteer: "Good morning, (name). How are you and (child's name) getting on?"

Mother: "Oh, we are both doing well, thank you."

Community health volunteer: "How old is (child's name) now?"

Mother: "He is two days old today."

Community health volunteer: "What are you feeding him on?"

Mother: "He is breastfeeding, and having drinks of water."

Community health volunteer: "What made you decide to give the water?"

Mother: "There is no milk in my breasts, and he doesn't want to suck."

Ask: What did the Community health volunteer learn from this mother?

Comment: *The Community health volunteer asks an open question, which does not help much. Then she asks two specific questions, and then follows up with an open question. Although the mother says at first that she and the baby are well, the Community health volunteer later learns that the mother needs help with breastfeeding.*

Skill 3: Use responses and gestures that show interest

(7 Minutes)

Participants learn how to show that they are listening, and that they are interested.

- If you want a mother to continue talking, you must show that you are listening, and that you are interested in what she is saying.
- A mother may not talk easily about her feelings, especially if she is shy, and with someone whom she does not know well. You will need the skill to listen and to make her feel that you are interested in her. This will encourage her to tell you more. She will be less likely to 'turn off' and say nothing

Step 1: Write 'Use responses and gestures which show interest' on Flip chart 1.

Step 2: Demonstrate the skill by asking a participant to read the words of the mother in Demonstration 4.1.E below, while they play the part of the Community health volunteer. Facilitator will give simple responses, and nod, and show by facial expression that they are interested and want to hear more from the mother

Step 3: Ask participants to follow the role-play as they will be required to report their observations:

Demonstration 4.1.E Using Responses and Gestures Which Show Interest

The Community health volunteer is talking to a mother who has a one-year-old child

Community health volunteer:	"Good morning, (name). How is (child's name) now that he has started solids?"
Mother:	"Good morning. He's fine, I think."
Community health volunteer:	"Mmm." (Nods, smiles.)
Mother:	"Well, I was a bit worried the other day, because he vomited."
Community health volunteer:	"Oh dear!" (Raises eyebrows, looks interested.)
Mother:	"I wondered if it was something in the stew that I gave him."
Community health volunteer:	"Aha!" (Nods sympathetically).
Ask:	How did the Community health volunteer encourage the mother to talk?

Comment: **The Community health volunteer asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.**

Step 4: Lead a discussion on locally appropriate responses noting that in different places, people use different responses.

Step 5: List the responses people use in the local setup on a flip chart.

Skill 4: Reflecting back what the Mother Says

(7 Minutes)

Participants will learn how to repeat back or reflect on what a mother says.

Step 1: Write 'Reflect Back What the Mother Says' on the list of listening and learning skills (Flip chart1).

Step 2: Explain the skill of reflection using the notes below.

Reflecting back on what a mother says

Community health volunteers sometimes ask mothers a lot of factual questions. However, the answers to factual questions are often not helpful. The mother may say less and less in reply to each question.

- For example, if a mother says: "My baby was crying too much last night", you might want to ask: "How many times did he wake up?" But the answer is not helpful.
- It is more useful to repeat back or reflect what a mother says. This is another way to show you are listening and encourages the mother or caregiver to continue talking and to say what is important to her. It is best to say it in a slightly different way, so that it does not sound as though you are copying her.
- For example, if a mother says: "I don't know what to feed my child, she refuses everything." You could reflect back by saying: "Your child is refusing all the food you offer her?"

Step 3: Demonstrate the skill by asking a participant to read the words of the mother in Demonstrations 4.1.F and 4.1.G while reading the part of the Community health volunteer.

Step 4: Introduce the two role-plays to demonstrate this skill.

Demonstration 4.1.G Reflecting Back

Community

health volunteer: "Good morning, (name). How are you and (child's name) today?"

Mother: "He wants to feed too much - he is taking my breast all the time!"

Community

health volunteer: "(Child's name) is feeding very often?"

Mother: "Yes. This week he is so hungry. I think that my milk is drying up."

Community

health volunteer: "He seems more hungry this week?"

Mother:	“Yes, and my sister is telling me to breastfeed him more often”
Community health volunteer:	“Your sister says that he needs to breastfeed more?”
Mother:	“Yes. How often should i breastfeed?”
Ask:	What did the Community health volunteer learn from the mother?
Comment:	The Community health volunteer reflects back what the mother says, so the mother gives more information.

Skill 5: Empathize- Showing that you understand how the mother feels(7 minutes)

Participants will learn how to show that they understand what a mother feels

Step 1: Facilitator writes ‘Empathize – Show that you understand how she feels’ on the list of listening and learning skills (flip chart 1).

Step 2: Explain the skill of empathize using the notes below.

Empathizing with a mother

- Empathy is a difficult skill to learn. It is difficult for people to talk about feelings. It is easier to talk about facts.
- When a mother says something which shows how she feels, it is helpful to respond in a way which shows that you understand her feelings from her point of view.
- For example, if a mother says: “My baby wants to feed very often and it makes me feel so tired!” you respond to what she feels, perhaps like this: “You are feeling very tired all the time then?”
- Empathy is different from sympathy. When you sympathize you are sorry for a person, but you look at it from your point of view.
- If you sympathize, you might say: “Oh, I know how you feel. My baby wanted to feed often too, and I felt exhausted.” This brings the attention back to you, and does not make the mother feel that you understand her.
- You could reflect back what the mother says about the baby.
- So empathy is more than reflecting back what a mother says to you.
- It is also helpful to empathize with a mother’s good feelings. Empathy is not only to show that you understand her bad feelings.

Step 3: Facilitator demonstrates the skill of empathy by using comparison. Ask two participants prepared earlier to read the words of the mother and community health volunteer in demonstrations 4.1.H - 4.1.K below.

Step 4: Introduce the role-plays by making these points:

- We will see a demonstration of this skill.
- The Community health volunteer is talking to a mother of a ten-month-old child.
- As you watch, look for empathy – is the Community health volunteer showing she understands the mother’s point of view?

Demonstration 4.1.I Empathy

Community

health volunteer: “Good morning, (name). How are you and (child’s name) today?”

Mother: “He is not feeding well, I am worried he is ill”

Community

health volunteer: “You are worried about him?”

Mother: “Yes, some of the other children in the village are ill and I am frightened he may have the same illness.”

Community

health volunteer: “It must be very frightening for you.”

Ask: Do you think the Community health volunteer showed sympathy or empathy?

Comment: **Here the Community health volunteer used the skill of empathy twice. She said “You are worried about him” and “It must be very frightening for you.” In this second version the mother and her feelings are the focus of the conversation.**

Step 5: Introduce two more demonstrations making these points:

- We will see another pair of demonstration of this empathy skill.
- The Community health volunteer is talking to a mother is HIV-positive and pregnant and is coming to talk to the Community health volunteer about how she will feed her baby after birth
- Again listen for empathy – is the Community health volunteer showing she understands the mother’s point of view?

Demonstration 4.1 K Empathy.

CHV talking to a pregnant mother who is HIV positive

Community

health volunteer: "Good morning, (name). You wanted to talk to me about something?" "Smiles."

Mother: "I tested for HIV last week and am positive. I am worried about my baby."

Community

health volunteer: "You're really worried about what's going to happen."

Mother: "Yes I am. I don't know what I should do?"

Ask: Do you think the Community health volunteer showed sympathy or empathy?

Comment: **In the second version the Community health volunteer concentrated on the mother's concerns and worries. The Community health volunteer responded by saying "You're really worried about what's going to happen." This was empathy.**

Skill 6: Avoiding words which sound Judging

(7 minutes)

Participants will discuss the importance of avoiding words which sound judgemental to the mother

Step 1: Write 'Avoid Words Which Sound Judging' on the list of listening and learning skills (flip chart 1).

Step 2: Explain the skill using the notes below
Avoiding words that sound judgemental

- 'Judging words' are words like: right, wrong, well, badly, good, enough, properly.
- If you use judging words when you talk to a mother about feeding, especially when you ask questions, you may make her feel that she is wrong, or that there is something wrong with the baby. A breastfeeding mother may feel there is something wrong with her breast milk.
 - For example: Do not say: "Are you feeding your child **properly**?" Instead say: "How are you feeding your child?"
 - Do not say: "Do you give her **enough** milk?" Instead say: "How often do you give your child milk?"

Step 3: introduce the role-play and ask participants to note any ‘judging words’ in the conversation:

Identifying Judging Words

Demonstration 4. 1.N Using Judging Words

The Community health volunteer is talking to a mother of a five-month-old baby. As you watch, look for judging words

Community

health volunteer: “Good morning. Is (name) breastfeeding normally?”

Mother: “Well - I think so.”

Community

health volunteer: “Do you think that you have enough breast milk for him?”

Mother: “I don’t know.....I hope so, but maybe not ...” (She looks worried.)

Community

health volunteer: “Has he gained weight well this month?”

Mother: “I don’t know.....”

Community

health volunteer: “May I see his growth chart?”

Ask: What did the Community health volunteer learn about the mother’s feelings?

Comment: The Community health volunteer is not learning anything useful, but is making the mother very worried

Avoiding Judging Words

Demonstration 4.1. O Avoiding Judging Words

Community

health volunteer: "Good morning. How is breastfeeding going for you and (child's name)?"

Mother: "It's going very well. I haven't needed to give him anything else."

Community

health volunteer: "How is his weight? Can I see his growth chart?"

Mother: "Nurse said that he gained more than half a kilo this month. I was pleased."

Community

health volunteer: "He is obviously getting all the breast milk that he needs."

Ask: What did the Community health volunteer learn about the mother's feelings?

Comment: **This time the Community health volunteer learnt what she needed to know without making the mother worried. The Community health volunteer used open questions to avoid using judging words.**

Step 4: Make these additional points on the 'Avoiding Judging Words' skill:

Avoiding Judging Words

- Mothers may use judging words about their own situation. You may sometimes need to use the positive judging words, when building a mother's confidence. But practise avoiding them as much as possible, unless there is a really important reason to use one.
- You may have noticed that judging questions are often closed questions. Using open questions often helps to avoid using a judging word.

Refer to the list of the **six skills** on Flip chart 1 earlier posted on the wall, read the list through to remind participants.

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 5

Counselling Skills: Building Confidence and Giving Support

Participants will be equipped with skills required to build confidence and to give support to mothers/caregivers when counselling on infant and young child feeding.

Objectives

After completing this session, participants will be able to:

1. List the 6 confidence and support skills
2. Give an example of each skill and demonstrate the appropriate use of the skills when counselling on infant and young child feeding.

Duration: 50 Minutes

Methodology: Brainstorming, role-play, question and answers, discussions, buzzing, illustration/demonstration, lecture.

Materials: Flip charts, marker pens, masking tapes, colored manila papers.

Session Plan

Duration	Topic	Methodology	Materials
2 minutes	Introduction to session	Facilitative lecture	Flip charts
15 minutes	Present the Six skills for building confidence and giving support	Discussion	Flip charts, marker pens, masking tapes, colored Manilla papers ,
30 minutes	Give an example of each skill and demonstrate the appropriate use of the skills when counselling on infant and young child feeding.	Brainstorming, role-play, question and answers, discussions, buzzing, illustration/ demonstration	Flip charts, marker pens, masking tapes, colored Manilla papers , Counselling cards, print out (handout)
3 minutes	Sessions Summary	Questions and answers	

Activity 1

Six skills for building confidence and giving support

(15 Minutes)

Participants will learn skills for building confidence and giving support

- In this session, you will learn a second set of counselling skills - 'Building confidence and giving support' skills.
- Tell participants that you will now explain and demonstrate six skills for building a mother's confidence and giving her support.
- Explain that these skills are also important when counselling caregivers and other family members.

Step 1: Write the heading 'Flip chart 3' and a title 'Confidence and Support Skills' on the flip chart, with blank spaces for six points below it

Step 2: Write each skill on the blank spaces provided in step 1 above while explaining and demonstrating

Step 3: Explain the importance of these skills using the points below

- A mother easily loses confidence in herself. This may lead to her feeling that she is a failure and giving in to pressure from family and friends.
- You may need these skills to help her to feel confident and good about herself.
- It is important not to make a mother feel that she has done something wrong.
- A mother easily believes that there is something wrong with herself, how she is feeding her child, or with her breast milk if she is breastfeeding. This reduces her confidence.
- It is important to avoid telling a mother what to do.
- Help each mother to decide for herself what is best for her and her baby. This increases her confidence.

Skill 1: Accept what a mother thinks and feels

(5 Minutes)

Sometimes a mother thinks something that you do not agree with – she has a mistaken idea.

A mother may also feel very upset about something that you know is not a serious problem.

Accept what a mother thinks

Step 1: Introduce the role-play by making the following points:

We will now see a role-play showing acceptance of what a mother thinks. This mother has a one-week-old baby.

Step 2: Ask two participants whom you have prepared upfront to give Demonstration 5.1.A

Step 3: Ask one to read out the words of the mother and the other those of the Community Health Volunteer.

Step 4: After each response from the Community Health Volunteer ask the participants whether the response was agreeing, disagreeing or accepting then summarize with the notes below

Demonstration 5.1 A Accepting What a Mother Thinks

Mother: “My milk is thin and weak, and so I have to give bottle feeds.”

Community health volunteer: “Oh no! Milk is never thin and weak. It just looks that way.”
(nods, smiles.)

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an inappropriate response, because it is disagreeing.**

Mother: “My milk is thin and weak, so I have to give bottle feeds.”

Community health volunteer: “Yes – thin milk can be a problem.”

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an inappropriate response because it is agreeing.**

Mother: “My milk is thin and weak, so I have to give bottle feeds.”

Community health volunteer: “I see. You are worried about your milk.”

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an appropriate response because it shows acceptance.**

Accepts what the mother feels

Step 1: Introduce the role-play by making the following points:

The last role-play showed acceptance of what a mother thinks. We will now see a role-play showing acceptance of what a mother feels.

Step 2: Ask the two participants whom you have prepared to give Demonstration 5.2B

Step 3: Ask one to read out the words of the mother and the other those of the Community Health Volunteer.

Step 4: After each response from the Community Health Volunteer ask the participants whether the response was appropriate as you summarize with the notes below

Demonstration 5.1 B Accepting What a Mother Feels

This mother has a nine-month-old baby

Mother (in tears): “It is terrible, (child’s name) has a cold and his nose is completely blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “Don’t worry, your baby is doing very well.”

Ask: Was this an appropriate response?

Comment: **This is an inappropriate response, because it did not accept the mother’s feelings and made her feel wrong to be upset.**

Mother (in tears): completely “It is terrible, (child’s name) has a cold and his nose is blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “Don’t cry – it’s not serious. (Child’s name) will soon be better”

Ask: Was this an appropriate response?

Comment: **This is an inappropriate response. By saying things like “don’t worry” or “don’t cry” you make a mother feel it is wrong to be upset and this reduces her confidence.**

Mother (in tears): “It is terrible, (child’s name) has a cold and his nose is completely blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “You are upset about (child’s name) aren’t you?”

Ask: Was this an appropriate response?

Comment: **This is an appropriate response because it accepts how the mother feels and makes her feel that it is alright to be upset. Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.**

Summarize the skill using the notes below

- Reflecting back and simple responses are useful ways to show acceptance. Later in the discussion, you can give information to correct a mistaken idea.
- In a similar way, empathizing can show acceptance of a mother's feelings.
- If a mother is worried or upset, and you say something like, "Oh, don't be upset, it is nothing to worry about," she may feel that she was wrong to be upset.
- This reduces a mother's confidence in her ability to make her own decisions.

Skill 2: Recognize and Praise what a Mother and Baby are doing right (5 Minutes)

As Community Health Volunteers, we commonly look for problems. Often, this may mean that we see only what we think people are doing wrong, and try to correct them

Step 1: Ask participants to reflect and brainstorm how it makes a mother feel if you tell her that she is doing something wrong, or that her baby is not doing well

Step 2: List their responses on a flip chart

Summarize the replies using the notes below

- As feeding counselors, we must look for what mothers and babies are doing right.
- We must first recognize what they do right; and then we should praise or show acceptance of the good practices.
- Praising good practices has these benefits:
 - It builds a mother's confidence
 - It encourages her to continue those good practices
 - It makes it easier for her to accept suggestions later.
- In some situations, it can be difficult to recognize what a mother is doing right.
- But any mother whose child is living must be doing some things right, whatever her socio-economic status or education

Step 3: Ask participants to open card 38 'Growth monitoring and promotion' and say what they see



Step 4: Read to the participants the points below

- Here is a baby (give a local name) being weighed
- The baby is exclusively breastfed.
- Beside the mother and baby is the baby's growth chart.
- His growth chart shows that he has gained a little weight over the last month. However, his growth line is not following the reference curves. It is rising too slowly.
- This shows that the baby's growth is slow.

Step 5: Ask participants to buzz in two and give one remark per pair which would help build mama (give local name) confidence

Step 6: List their remarks on a flip chart

Step 7: Read out the remarks (earlier prepared), and ask participants to say which one helps to build the mother's confidence.

- "Your baby's growth line is going up too slowly."
- "I don't think your baby is gaining enough weight."
- "Your baby gained weight last month just on your breast milk."

Step 8: Read out the following statement

The correct response is the last one: "Your baby gained weight last month just on your breast milk".

Skill 3: Give practical help

(5 minutes)

Step 1: Ask participants to turn to handout 'Mother in need of practical help' with the picture below and discuss in groups of 3.

Mother in need of practical help



Step 2: Facilitator reads out the story of Mama (give a local name)

Mama (name) is lying in bed soon after delivery. She looks miserable and depressed. She is saying to the Community Health Volunteer: "No, I haven't breastfed him yet. My breasts are empty and it is too painful to sit up."

Step 3: Ask participants to state the kind of practical help they might offer to the mother

Step 4: List their responses on a flip chart

Step 5: Read out the following remarks, and ask participants to say which response is the more appropriate.

- **"You should let your baby suckle now to help your breast milk to come in."**
- **"Let me try to make you more comfortable, and then I'll bring you a drink."**

Step 6: Give the following explanation:

- The appropriate response is the second one, in which the Community Health Volunteer offers to give practical help. She will make the mother comfortable before she helps her to breastfeed.
- It is important for the baby to breastfeed soon.
- But it is more likely to be successful if the mother feels comfortable.

Step 7: Explain the skill:

Sometimes practical help is better than saying anything. For example

- When a mother feels tired or dirty or uncomfortable
- When she is hungry or thirsty
- When she has had a lot of information already
- When she has a clear practical problem.

Some ways to give practical help are:

- Help to make her clean and comfortable.
- Give her a drink, or something to eat.
- Hold the baby yourself, while she gets comfortable, or washes, or goes to the toilet.
- It also includes practical help with feeding, such as
 - *Helping a mother with positioning and attachment,*
 - *Expressing breast milk,*
 - *Relieving engorgement*
 - *Preparing complementary feeds*

Skill 4: Give a Little, Relevant Information (5 Minutes)

Step 1: Read the story below to the participants

Baby (local name) is 3 months old. His mother has recently started giving some formula feeds in a bottle in addition to breastfeeding. The baby has developed diarrhoea. The mother is saying to the Community Health Volunteer: "He has started to have loose stools. Should I stop breastfeeding?"

Step 2: Ask participants what kind of support/information the mother needs

Step 3: List the responses on a flip chart

Step 4: Ask one participant to read the responses that the facilitator has posted on the flip chart stand (prepared before the session)

- ***"It is good that you asked before deciding. Diarrhoea usually stops sooner if you continue to breastfeed."***
- ***"Oh no, don't stop breastfeeding. He may get worse if you do that."***

Step 5: Ask participants to say which one gives information in a positive way.

Step 6: After their response, conclude using the notes below

Response 2 is critical, and may make her feel wrong and lose confidence. The correct response is the first one as it is positive, and will not make her feel wrong or lose confidence.

Facilitator notes

- Mothers often need information about feeding. It is important to share your knowledge with them. It may also be important to correct mistaken ideas.
- However, sometimes Community Health Volunteers know so much information that they think they need to tell it all to the mother.
- It is a skill to be able to listen to the mother and choose just two or three pieces of the most relevant information to give at this time.
- Try to give information that is relevant to her situation now. Tell her things that she can use today, not in a few weeks' time.
- Explaining the reason for a difficulty is often the most relevant information when it helps a mother to understand what is happening.
- Try to give only one or two pieces of information at a time, especially if a mother is tired, and has already received a lot of information.
- Give information in a positive way, so that it does not sound critical, or make the mother think that she has been doing something wrong. This is especially important if you want to correct a mistaken idea.
- For example, instead of saying "Thin porridge is not good for your baby", you could say: "Thick foods help the baby to grow".
- Before you give information to a mother build her confidence. Accept what she says, and praise what she does well. You do not need to give new information or to correct a mistaken idea immediately.

Skill 5: Use Simple Language

(5 Minutes)

Step 1: Inform participants that this skill will be explained by comparing 2 demonstrations

Step 2: Ask two participants whom you have prepared prior to give Demonstration 5.2 C to read the words of the mother and Community Health Volunteer.

Demonstration 5.1 C Using Simple Language

Community health volunteer:	“Good morning (name). What can I do for you today?”(name)?”
Mother:	“Can you tell me what foods to give my baby, now that she is six months old.”
Community health volunteer:	“I’m glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they the need for other micronutrients like vitamin A is higher than what is provided by breast milk. “However, if you add foods that aren’t prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won’t get enough calories to grow well.”
Ask:	What did you observe?
Comment:	The health worker is providing too much information. It is not relevant to the mother at this time. She is using words that are unlikely to be familiar to the mother.

Step 3: Ask participants what they have observed and writes their responses on a flip chart

Step 4: Discuss what the participants have observed

Step 5: Make the following comment

The Community Health Volunteer is providing too much and complex information. It is not relevant to the mother at this time. She is using words that are not common or familiar to the mother

Demonstration 2

Step 1: Ask two participants whom you have prepared earlier to give demonstration 5.2 D and read the words of the mother and Community Health Volunteer.

Demonstration 5.1 D Using Simple Language

Community health volunteer:	“Good morning (name). How can I help you? “
Mother:	“Can you tell me what foods to give my baby, now that she is six months old?”
Community health volunteer:	“You are wondering about what is best for your baby. I’m glad you have come to talk about it. It is usually a good idea to start with a little porridge to get him used to the taste of different foods. Just two spoons twice a day to start with.”

Ask:

What did you observe this time?

Comment:

The Community Health Volunteer explains about starting complementary foods in a simple way.

Step 2: Ask participants what they have observed and notes down their responses on a flip chart

Make this comment;

The Community Health Volunteer explains about starting complementary foods in a simple way

Summarize this skill using the notes below

- Community Health Volunteers learn about nutrition using technical terms. When these terms become familiar, it is easy to forget that people who are not Community Health Volunteers may not understand them.
- It is important to use simple, familiar terms, to explain things to mothers.

Skill 6: Make One or Two Suggestions, Not Commands

(5 Minutes)

Read the following story of *(local name)* to the participants

Amy breastfeeds only four times a day, and she is gaining weight too slowly. Her mother thinks that she does not have enough breast milk.

Step 1: Ask participants to buzz in pairs and come out with one advice for mama *(local name)*

Step 2: Discuss with the participants their responses/advice they have given (suggestion or commands)

Step 3: Display responses (earlier prepared by facilitator) on a flip chart and ask participants to read the responses silently then say which statement is a command and which is a suggestion

- **"You must feed Amy at least 10 times a day." (response 1)**
- **"It might help if you feed Amy more often."(response 2)**

Summarize using the notes below

- Response 1 is a command as it tells mama *(local name)* what she must do. She will feel bad and lose confidence if she cannot do it.
- The second response is a suggestion. It allows mama *(local name)* to decide if she will feed *(local name)* more often or not so it is the correct response
- You may decide that it would help a mother if she does something differently – for example, if she feeds the baby more often, or holds him in a different way.
- When you counsel a mother, you suggest what she could do. Then she can decide if she will try it or not. This leaves her feeling in control, and helps her to feel confident

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 6

Common Breastfeeding Difficulties/Barriers

Participants will learn how to recognize breastfeeding difficulties and how they can help mothers to manage them.

Objectives

After completing this session participants will be able to:

1. Identify the causes of, and help mothers with, the following difficulties:
 - *Not enough milk'*
 - *A crying baby*
 - *Breast refusal*
 - *Cultural practises, myths and misconceptions*
2. Give the circumstances when a child needs replacement feeding
3. List the danger signs to look out for in a child for referral.

Duration: 1 Hour 30 Minutes

Methodologies: Role plays, discussion, demonstrations, facilitative lectures, brainstorming and Q&A

Material: Flip charts, marker pens, masking tape

Session plan

Duration	Topic	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	
60 minutes	Common breastfeeding difficulties /Barriers	Brainstorming	Volunteer participants Flip charts, marker pens, masking tapes
15 minutes	Replacement feeding	Facilitative lecture Demonstrations Discussion	Flip charts, marker pens, masking tapes
10 minutes	Danger signs	Brainstorming	Flip charts, marker pens, masking tapes
3 minutes	Session summary	Q & A	

Activity 1

Common breastfeeding difficulties /Barriers

(60 Minutes)

Participants will be taught on how to identify common breastfeeding difficulties and how to help mothers address them.

Community health workers have important roles to support mothers through breastfeeding difficulties/barriers, as mothers may not visit a health facility to seek help.

Finding out how mothers are managing with breastfeeding

- In previous sessions we have looked at ways to find out how mothers are managing with breastfeeding. These include:
 - Good counselling skills to encourage a mother to tell you what is worrying her
 - Assessing a breastfeed, using your skills of observation to see if a baby is well positioned and well attached
 - Taking a detailed feeding history
- When helping mothers with difficulties, you will need to use all the skills you have learnt so far.

Step 1: Ask participants to brainstorm on common breastfeeding difficulties/barriers

Step 2: List the responses on a flip chart

Summarise using the notes below

Common breastfeeding difficulties /barriers

- Not enough milk
- A crying baby
- Breast refusal
- Cultural practises, myths & misconceptions

Identifying the causes of, and helping mothers with the breastfeeding difficulties/barriers

Step 1: Introduce how to identify the causes of, and help mothers with the breastfeeding difficulties/barriers using the point below

In this session, we shall learn to identify the different causes of breastfeeding difficulties, and how to go about helping mothers on the same.

“Not Enough Milk”

Participants will discuss how “not enough milk” contributes to mothers not breastfeed successfully

Step 1: Ask participants what makes mothers think that they do not have enough milk

Step 2: List their responses on a flip chart.

Summarize the discussion using the notes below

“Not Enough Milk”

- One of the most common reasons for a mother to stop breastfeeding is that she thinks she does not have enough milk.
- Usually, even when a mother thinks that she does not have enough breast milk, her baby is, in fact, getting all that he needs.
- Almost all mothers can produce enough breast milk for one, two or more babies.
- They can almost all produce more than their babies need.
- Sometimes a baby does not get enough breast milk. But it is usually because he is not suckling enough, or not suckling well (effectively). It is rarely because his mother cannot produce enough.
- So it is important to think not about how much milk a mother can produce, but about how much milk a baby is getting.

Resource notes

“Not enough milk”

- The first step in helping mothers with insufficient milk is to confirm if the baby is receiving enough breast milk or not.
- There are only two reliable signs that a baby is not receiving enough breast milk.
- For the first six months of life, a baby should gain at least 500g in weight each month. One kilogram is not necessary, and not usual.
- If a baby does not gain 500g in a month he is not gaining enough weight.
- Look at the baby’s growth chart if available, weigh the baby now, and arrange to weigh him again in one week’s time.
- An exclusively breastfed baby who is getting enough milk usually passes dilute urine at least 6-8 times in 24 hours.
- A baby who is not getting enough breast milk passes urine less than six times a day (often less than four times a day).
- His urine is also concentrated, and may be strong smelling and dark orange in colour.
- If a baby is having other drinks, for example water, as well as breast milk, you cannot be sure he is getting enough milk if he is passing a lot of urine.

Step 3: Ask participants to brainstorm on the reliable signs that a baby is not getting enough breast milk.

Step 4: Write their responses on a flip chart.

Summarize the discussion using the notes below

Possible signs that the baby is not getting enough breast milk

- Baby not satisfied after breastfeeds
- Baby cries often
- Very frequent breastfeeds
- Very long breastfeeds
- Baby refuses to breastfeed
- Baby has hard, dry, or green stools
- Baby has infrequent small stools
- No milk comes out when mother expresses
- Breasts did not enlarge (during pregnancy)
- Milk did not 'come in' (after delivery)

Although these signs may worry a mother, there may be other reasons for them, so they are not reliable. For example, a baby may cry often because he has colic, although he might be getting plenty of milk (we will discuss colic later in this session).

Step 5: Ask participants to turn to their hand out titled **“REASONS WHY A BABY MAY NOT GET ENOUGH BREAST MILK”**.

REASONS WHY A BABY MAY NOT GET ENOUGH BREAST MILK			
BREASTFEEDING FACTORS	MOTHER: PSYCHOLOGICAL FACTORS	MOTHER: PHYSICAL CONDITION	BABY'S PHYSICAL CONDITION
Delayed start Feeding at fixed times Infrequent feeds No night feeds Short feeds Poor attachment Bottles, pacifiers Other foods Other fluids (water, teas)	<ul style="list-style-type: none"> • Lack of confidence • Worry, stress • Dislike of breastfeeding • Rejection of baby • Tiredness 	<ul style="list-style-type: none"> • Contraceptive pill, diuretics • Pregnancy • Severe malnutrition • Alcohol • Smoking • Retained piece of placenta (rare) • Poor breast development 	<ul style="list-style-type: none"> • Illness • Abnormality
THESE ARE COMMON		THESE ARE NOT VERY COMMON	

Step 6: Summarize the discussion using the notes below

The reasons are arranged in four columns:

- Breastfeeding factors – these are common
- Mother: psychological factors – these are common
- Mother: physical condition- are not common
- Baby's condition - are not common
- So it is not common for a mother to have a physical difficulty in producing enough breast milk.
- You should think about these uncommon reasons only if you cannot find one of the common reasons.

Step 7: Discuss the different ways to help a mother with 'not enough milk'

- We have already found out whether the baby is really getting enough breast milk or not.
- If the baby is not getting enough breast milk you need to find out why so that you can help the mother.
- If the baby is getting enough breast milk, but the mother thinks that he isn't, you need to find out why she doubts her milk supply so that you can build her confidence.
- Use your counselling skills to take a good feeding history.

Babies who are not getting enough breast milk:

- Observe the mother breastfeeding to check positioning and attachment as taught earlier.
- Use your observation skills to look for illness or physical abnormality in the mother or baby.
- Use your counselling skills to take a good feeding history and support the mother

Always remember to arrange to see the mother again soon. If possible see the mother and baby daily until the baby is gaining weight and the mother feels more confident. It may take 3-7 days for the baby to gain weight.

Babies who are getting enough milk but the mother thinks they are not:

- Use your counselling skills to take a good feeding history.
- Try to learn what may be causing the mother to doubt her milk supply.
- Get to hear the mother's ideas and feelings about her milk and pressures she may be getting from other people regarding breastfeeding.
- Observe the mother breastfeeding to check positioning and attachment as taught earlier.
- Praise the mother about good points about her breastfeeding technique and good points about her baby's development.
- Correct mistaken ideas without sounding judgemental.

Always remember to arrange to see the mother again soon. These mothers are at risk of introducing other foods and fluids and need a lot of support until their confidence is built up again.

“The Crying Baby”

Participants will brainstorm on the reasons why babies cry

Many mothers start unnecessary foods or fluids because of their baby's crying. These additional foods and drinks often do not make a baby cry less. Sometimes a baby cries more.

A baby who cries a lot can upset the relationship between him and his mother, and can cause tension among other members of the family

Step 1: Ask participants to brainstorm on the reasons why babies cry.

Step 2: List their responses on a flip chart

Step 3: Ask participants to turn to their hand out and read **“REASONS WHY BABIES CRY”**.

Summarize using the hand out below

REASONS WHY BABIES CRY	
Illness or pain	Too many visitors
Tiredness	Dirty, hot, cold
Discomfort	Not getting enough, milk growth spurts
Hunger	Any food, sometimes cow's milk when given to the baby gives them stomach upset
Mothers food	When she eats a particular food, some substances from the food pass into her milk
Drugs mother takes	Caffeine cigarette and other drugs
Colic	The baby cries continuously at certain times of day, often in the evening. Such a baby may have a very active gut, or wind, but the cause is not clear.
“High needs” babies	Babies who love to be held & carried

Step 4: Discuss with the participants how to help mothers whose babies cry a lot using the notes below:

How to help mothers whose babies cry a lot

- As with 'not enough' milk, you have to try to find the cause of the crying so that you can help the mother. Use your counselling skills to take a good history.
- Help the mother to talk about how she feels and empathize with her..
- Try to learn about pressures from other people and what they think the cause of the crying is.
- Assess a breastfeed to check baby's position and attachment, and the length of a feed.
- Make sure the baby is not ill or in pain.
- Check the growth and refer if necessary.
- Where relevant, praise her that her baby is growing well and is happy and healthy.
- Offer to talk to the family. It is important to help reduce tensions so that the mother does not feel under pressure to give unnecessary foods in addition to breast milk.
- Demonstrate ways to carry and comfort a crying baby – holding him close, with gentle movement and pressure on his abdomen

Step 5: Ask participants to open card 11 on calming a baby with colic pains

Step 6: Take the participants through card 11 on calming a baby with colic and lets them describe the pictures here.



Summarize the discussion using the notes below

Babies are most often comforted with closeness, gentle movement, and gentle pressure on the abdomen. There are several ways to provide this.

“Refusal to Breastfeed”

Participants will learn how refusal to breastfeed is common reason for stopping breastfeeding.

For some mothers, refusal is a common reason for stopping breastfeeding. However, it need not lead to complete cessation of breastfeeding, and can often be overcome.

Step 1: Ask participants to open card 31 on “refusal to breastfeed” and say what they see



Step 2: List their responses on a flip chart

Summarize the pictures on the card using the notes below:

Refusal to Breastfeed

- Refusal can make a mother feel rejected and frustrated by the experience.
- There are different kinds of refusal.
 - Sometimes a baby attaches to the breast, but then does not suckle or swallow, or suckles very weakly.
 - Sometimes a baby cries and fights at the breast, when his mother tries to breastfeed him.
 - Sometimes a baby suckles for a minute and then comes off the breast choking or crying. He may do this several times during a single feed.
 - Sometimes a baby takes one breast, but refuses the other.
- You need to know why a baby is refusing to breastfeed, before you can help the mother and baby to enjoy breastfeeding again.

Step 3: Ask participants to turn to their handout and find **“CAUSES OF BREAST REFUSAL”** and explain the points to them.

CAUSES OF BREAST REFUSAL	
Illness, pain or sedation	<ul style="list-style-type: none"> • Infection • Brain damage • Pain from bruise (vacuum, forceps) • Blocked nose • Sore mouth (thrush, teething)
Difficulty with breastfeeding technique	<ul style="list-style-type: none"> • Use of bottles and pacifiers whilst breastfeeding • Not getting much milk (e.g. poor attachment) • Pressure on back of head while positioning • Mother shaking breast • Restricting length of feeds • Difficulty coordinating suckle
Changes which may upset baby (especially aged 3-12 months)	<ul style="list-style-type: none"> • Separation from mother(e.g. if mother returns to work) • New baby carer or too many carers • Change in the family routine • Mother ill • Mother has breast problem e.g. mastitis • Mother menstruating • Change in smell of mother
Apparent refusal	<ul style="list-style-type: none"> • New-born- rooting • Age 4-8- distraction • Above one year- self weaning

Step 4: Explain the importance of continued breastfeeding during illness using the notes below

The importance of continued breastfeeding during illness

- Breast milk contains anti-infective factors which enhance the body's ability to fight infection
- Breastfeeding provides ideal nutrition which will help in preservation of their immune system
- Continued breastfeeding helps reduce the risk of weight loss that would otherwise result from illness
- Breastfeeding is soothing and offers comfort to the sick child



Step 5: Ask participants to turn to counselling card 31 on feeding a sick child less than 6 months

Step 6: Explain that even healthy babies may also refuse to breast feed and so CHVs will need to apply the listening and learning skills and building confidence skills to help the mothers' breastfeed their babies again.



Step 7: Ask participants to brainstorm on ways to help a mother to breastfeed her baby again'

Step 8: List their responses on a flip chart
Summarize using the notes below:

Help the mother to do the following:

Keep her baby close her - no other carers

- Give plenty of skin-to-skin contact at all times, not just at feeding times
- Sleep with her baby
- Ask other people to help in other ways.

Offer her breast whenever her baby is willing to suckle

- When her baby is sleepy, or after a cup-feed
- When she feels her milk flow hormone working

Help her baby to take the breast by:

- Expressing breast milk into his mouth
- Positioning the baby so that he can attach easily to the breast – try different positions
- Avoid pressing the back of his head or shaking her breast.

Feed her baby by cup

- Give her own expressed breast milk if possible; if necessary give artificial feeds
- void using bottles, teats, pacifiers.

Common practices, myths and misconceptions related to breastfeeding (5 Minutes)

Participants will explore how certain myths and misconceptions influence breastfeeding

Step 1: Ask participants to BUZZ in twos on the common cultural practices, myths and misconceptions related to breastfeeding in the local setup

Step 2: List responses of each buzz group on a flip chart

Summarize using the notes below

Examples of cultural practices, myths and misconceptions ;

- Giving water/herbs immediately after birth,
- Giving gripe water, glucose water, honey, giving ghee,
- No breastfeeding before naming
- Men breastfeeding from one breast
- Colostrum is believed to be spoilt milk

Step 10: Try to demystify the harmful ones while applauding and upholding the helpful ones

Activity 2

Replacement Feeding in Special circumstances (15 Minutes)

Participants will learn when replacement feeding is acceptable

Step 1: Ask participants to buzz in groups of threes and discuss 'What is replacement feeding? Ask them to take 3 minutes and to appoint one person to write their ideas on a note book.

Step 2: List their responses on a flip chart as group's reports on their discussion. Summarize the discussion using the definition below

Replacement feeding

- Is the process of feeding a child who is not breastfeeding with a diet that provides all the nutrients the child needs until the age at which she/he can be fully fed with complementary foods

Step 3: Ask participants, in the same buzz groups to state special circumstances that may require replacement feeding to be offered.

Step 4: Ask a different participant to report on what they wrote

Step 5: List their responses on a flip chart

Summarize the discussion using the notes below while affirming any that they brought up and adding those they did not raise.

The special circumstances include but not limited to:

- Abandoned children
- Orphaned children
- Children with special medical conditions
- Mothers with special medical conditions e.g. breast condition which may not allow expression of breast milk like cancer medication, chronic infective mastitis.

Resource notes

- In special medical circumstances determined by a clinician where an infant cannot breastfeed the caretaker/mother should use exclusive replacement feeding for the first 6 months with appropriate complementary feeds introduced thereafter.
- Mixed feeding should completely be avoided.

Step 6: Explain the Conditions needed for safe replacement feeding

Conditions needed for safe replacement feeding

- Safe water and sanitation are ensured at household level and in the community
- The mother and other care givers can reliably provide sufficient infant formula milk to support normal growth and development
- The mother or care giver can prepare it cleanly and frequent enough so that it is safe and carries a low risk of diarrhea and malnutrition
- The mother or care giver can, in the first six months, exclusively give infant formula milk

Activity 3

Danger Signs

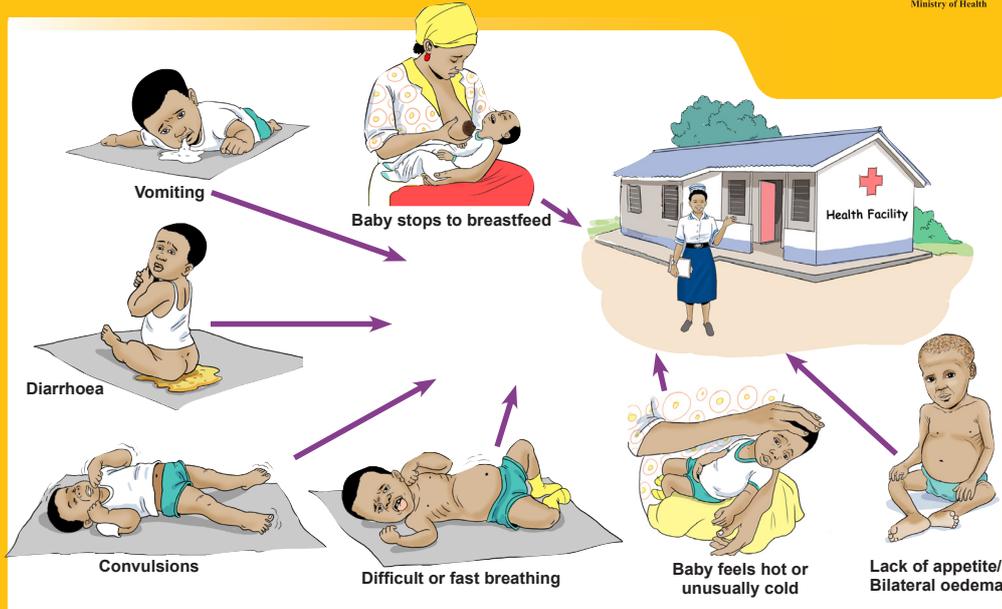
(10 Minutes)

Participants will be taken through signs to note when a baby requires attention of a trained health care worker.

Step 1: Ask participants to open card 33 and identify the danger signs listed.

Danger signs

Card
33



Step 2: List their responses on a flip chart

Summarize the common danger signs using the notes below:

Danger signs and the action to take

Take your child immediately to a trained health care worker or clinic if any of the following symptoms are present:

- Refusal to feed and excessive weakness
- Vomiting (cannot retain anything)
- Diarrhoea (more than 3 loose stools a day for two days or more, and/or blood in the stool).
- Convulsion (rapid and repeated contractions of the body, shaking)
- Difficult or fast breathing
- Fever (possible risk of malaria)
- Malnutrition (visible wasting or swelling of the body)

Summarize session

(3 minutes)

Ask participants if their have any questions or seek clarification.

Session 7

Expressing Breast Milk and Cup Feeding

Participants will learn when and how to express and give breast milk to a baby

Objectives:

By the end of the unit, the participants will be able to:

1. List the situations when expressing breast milk is useful
2. Demonstrate how to stimulate the milk let down (oxytocin) reflex
3. Describe how to express Breast milk
4. Describe how to handle breastmilk (Hygiene, storage, warming)
5. List the advantages of cup-feeding and disadvantages of bottle feeding
6. Demonstrate how to cup-feed safely

Duration:

Methodologies: Group work, discussion, demonstration, Brainstorming, questions and answers

Material: Flip charts, marker pens, masking tape, colored manila paper, manilla cards, MIYCN counselling cards, baby doll, breast model, cup, breast pump, measuring jug

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip chart, marker pens
10 minutes	Situation for expressing breast milk	Brainstorming, facilitative lecture	Flip chart, marker pens
10 minutes	Stimulation of the milk let down reflex	Brainstorming, facilitative lecture	Flip charts, marker pens,
15 minutes	Expressing breast milk	Demonstration, facilitative lecture	Flip chart, marker pens, handout on expressing breastmilk
5 minutes	Storage and warming breast milk	Brainstorming, facilitative, lecture	Flip chart, marker pens, counseling cards
8 Minutes	Cup Feeding	Brainstorming, facilitative lecture	Flip chart, marker pens
7 Minutes	Demonstrate on how to cup-feed	Demonstration, facilitative lecture	Baby doll, cup, measuring jug
3 Minutes	Session summary	Question and Answer	

Activity 1

Situations for expressing breast milk

(10 Minutes)

Expressing breast milk is useful and important to enable a mother to initiate or to continue breastfeeding in many situations

Expressing breast milk is helpful in a number of situations. Difficulties can arise, but they are often due to poor technique.

Step 1: Ask participants to brainstorm on the situations useful for a mother to express her breast milk

Step 2: List their responses on a flip chart
Summarize using the note below

Expressing Breast milk is useful to:

- Leave breast milk for the baby when the mother goes to work
 - Expressing breast milk while you are away from your baby will help maintain milk flow and prevent breast conditions.
 - You should express as often as your baby would breastfeed (every 2-3 hours)
- Feed a low birth weight baby who cannot breast feed
- Feed a sick baby who cannot feed from the breast
- Keep up milk supply of breast milk when mother or baby is ill
- Ease breasts when they are too full
- Prevent a lot of leakage when mother is away from baby
- Help a baby to attach to a full breast
- Help with breast conditions e.g. engorgement

Activity 2

Stimulation of the milk let down reflex

(10 Minutes)

Participants will learn through observation how the milk let down hormone is stimulated.

Encourage participants to remember what they learnt about how breastfeeding works.

Step 1: Ask participants to brainstorm why is it helpful to stimulate a mother's oxytocin reflex before she expresses milk

Step 2: List their responses on a flip chart
Summarize using the notes below

How to stimulate the milk let down reflex

- It is important that the milk let down reflex works to make the milk flow from her breasts.
- The milk let down reflex may not work as well when a mother expresses as it does when a baby suckles. A mother needs to know how to help her oxytocin reflex, or she may find it difficult to express her milk.

Help the mother psychologically:

- Build her confidence
- Try to reduce any sources of pain or anxiety
- Help her to have good thoughts and feelings about the baby.

Help the mother practically. Help or advise her to:

Sit quietly and privately or with a supportive friend.

Some mothers can express easily in a group of other mothers who are also expressing for their babies.

Hold her baby with skin-to-skin contact if possible.

She can hold her baby on her lap while she expresses. If this is not possible, she can look at the baby. If this is not possible, sometimes even looking at a photograph of her baby helps.

Warm her breasts.

For example, she can apply a warm compress, or warm water, or have a warm shower. Warn her that she should test the temperature to avoid burning herself.

Stimulate her nipples.

She can gently pull or roll her nipples with her fingers.

Massage or stroke her breasts lightly.

Some women find that it helps if they stroke the breast gently with fingertips. Some women find that it helps to gently roll their closed fist over the breast towards the nipple.

Ask a helper to rub her back.

Step 3: Ask participants to turn to handout on **'STIMULATING THE MILK FLOW HORMONE'** and do the demonstration using the notes and illustration below.

Step 4: Ask one participant to volunteer for the demonstration.

Demonstration - How to stimulate the milk flow hormone'

- Ask the participant who has volunteered to sit down as she leans forward on a table and have the facilitator stand behind him/her
- The facilitator performs the rubbing demonstration on a volunteer participant
- Provide step by step process to participants
- She remains clothed , but explain that with a mother it is important for the breasts and her back to be naked
- Make sure that the chair is far enough away from the table for her breast to hang free. Explain what you will do and ask her permission to do it.
 - Rub both sides of her spine with your thumbs, making small circular movements, from her neck to her shoulders blades, and back again(see slide the figure above)
- Ask her how she feels, and if it makes her feel relaxed.

How to stimulate milk flow hormone



Step 5: Ask participants to work in pairs and briefly practice the technique of rubbing a mother's back.

Activity 3

Expressing breast milk

(15 minutes)

Participants will be taught on how to express breast milk

All mothers should learn how to express their milk, to enable them know what to do if the need arises. Certainly all those who care for breastfeeding mothers should be able to teach mothers how to express their milk.

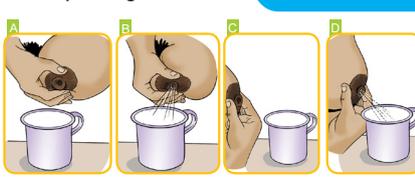
Step 1: Ask participants to open card number 16 and say what they see

Expressing breast milk

Card 16



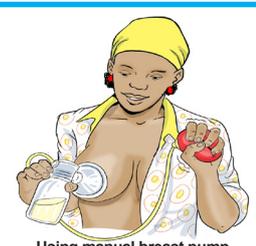
Hand expressing



Using electrical breast pump



Using manual breast pump



Republic of Kenya
Ministry of Health

unicef

Step 2: List their responses on a flip chart
Summarize using the notes below

Expressing breast milk

- There are different ways of expressing breast milk: hand expression and pump expression (manual or electrical)
- Hand expression is the most useful way to express milk. It needs no appliance, so a mother can do it anywhere, at any time.
- It is less likely to carry infections as compares to a pump, and is more readily available.
- It is important for mothers to learn to express their milk by hand, and not to think that a pump is necessary.
- To express milk effectively, it is helpful to stimulate the oxytocin reflex.
- A mother should express her own breast milk. The breasts are easily hurt if another person tries.
- Explain how to prepare a container for the expressed breast milk (EBM).
 - Choose a cup, glass, jug or jar with a wide mouth.
 - Wash the cup in soap and water (She can do this the day before).
 - Pour boiling water into the cup, and leave it for a few minutes. Boiling water will kill most of the germs.
- When ready to express milk, pour the water out of the cup.
- Do this demonstration quickly. Do not let it take a long time.
- Show participants some of the containers to hold the expressed breast milk that you have collected.

The techniques of expressing breastmilk by hand expression

Technique of expressing breast milk

- Wash hands thoroughly
- Prepare a sterile/clean container
- Sit or stand comfortably, and hold the container near her breast
- Gently massage breasts in a circular motion with her fingers
- Position thumb on the upper edge of the areola and the first two fingers on the underside of the breast behind the areola
- Press behind the nipple and areola between the finger and thumb
- Press her thumb and first finger slightly inwards towards the chest wall.
- She should avoid pressing too far or she may block the milk ducts.
- She should press on the larger duct beneath the areola.
- Sometimes in a breastfeeding breast it is possible to feel the ducts they are like pods or peanuts if she can feel the she can press on them.
- Compress/press release, press release. This should not hurt if it hurts the technique is wrong. At first milk may not come but after pressing a few times milk starts to drip out.
- It may flow in streams if the oxytocin reflex is active
- Some mothers find that pressing in towards the chest wall at the same time as compressing helps the milk to flow.

- Compress and release the breast with the fingers and the thumb a few times
- Press from all the sides to empty all segments/parts
- If no milk is expressed, move thumb and fingers towards or further away from the nipple and try again
- Repeat compressing and releasing rhythmically
- Rotate the thumb and finger positions to remove milk from other parts of the breast
- Avoid squeezing the breast, pulling out the nipple and breast, and sliding the finger along the skin
- Use the following rhythm: position, push, press; position, push, press.

Step 1: Ask two participants to volunteer and demonstrate on how to express breast milk using hand

Step 2: Give the two participants a model of breast earlier made

Step 3: Ask participants to practice the technique learnt above

Step 4: Ask them to practice the rolling action of the fingers on a model breast or on their arms. **Step 5:** Ask them to make sure that they avoid pinching. Participants to demonstrate at a time

Show video (optional)

Step 6: Debrief the video and summarize the key concepts

Expressing breast milk using a Manual Pump or Electric Pump

- You can also use a manual or electric pump as long as it is comfortable for you
- A pump is easier to use when the breasts are full. It is not so easy to use when the breasts are soft.
- If breasts are engorged and painful, it is sometimes difficult to express milk by hand.
- It can be helpful to express with a pump.
- If breast pumps are available in your setting, you can demonstrate them here.

How often to express breast milk

Step 1: Ask participants to brainstorm on how often should a mother express her breast milk

Step 2: List their responses on a flip chart.

Summarize using the notes below

How often to express breast milk

- It depends on the reason for expressing the milk, but usually it should be done as often as the baby would breastfeed.

To establish lactation/feed a low-birth-weight (LBW) or sick new-born

- The mother should start to express milk on the first day, as soon as possible after delivery.
- She may only express a few drops of colostrum at first, but it helps breast milk production to begin, in the same way that a baby suckling soon after delivery helps breast milk production to begin.
- She should express as much as she can as often as her baby would breastfeed. This should be at least every three hours, including during the night. If she expresses only a few times, or if there are long intervals between expressions, she may not be able to produce enough milk.

To keep up her milk supply to feed a sick baby

- She should express at least every three hours.

To build up her milk supply, if it seems to be decreasing after a few weeks

- Express very often for a few days (every 2 hours or even every hour), and at least every three hours during the night.

To leave milk for a baby while she is out at work

- Express as much milk as possible before she goes to work, to leave for her baby to take while she is away. It is also very important to express while at work to help keep up her supply.

To relieve symptoms, such as engorgement, or leaking

Express only as much milk as is necessary.

 **Activity 4**

Storage and warming breast milk

(5 Minutes)

Participants will learn how to handle (hygiene, storage and warming) of breastmilk

Proper storage and warming of expressed breast milk will maintain its quality

Step 1: Ask participants to open counseling card number 17, and say what they see

List their responses on a flip chart

Summarize using the notes below

Storage and warming of breast milk	
Storage	Warming
<ul style="list-style-type: none"> • Ensure proper hygiene • Keep the milk covered • Before refrigeration, ensure proper labelling so that the first to be put in will be used first • You can store expressed breast milk for about ; • 8 hours - room temperature • 24 hours - refrigerator, • 2 weeks - freezer compartment with one door • 3-6 months - freezer compartment with separate doors • 6-12 months - deep freezer 	<ul style="list-style-type: none"> • Ensure proper hygiene. • Boil water • Place the expressed milk in the boiled water. • Allow the milk to rest for some time until it is at the right temperature for your baby

Activity 5

Cup Feeding

(8 Minutes)

Participants will discuss the advantages of, and how to do cup feeding through a demonstration.

Participants should know why cup –feeding is safer than bottle-feeding. Cup feeding may not be familiar to a mother. You will need to help her with the technique and give her support so she is confident to feed her baby at home.

Step 1: Ask participants to brainstorm why cups are safer and better than bottles for feeding a baby

Step 2: List their responses on a flip chart. Summarize using the notes below

Advantages of cup feeding

- Cups are easy to clean with soap and water, if boiling is not possible.
- Cups are less likely than bottles to be carried around for a long time giving bacteria time to breed.
- It is associated with less risk of diarrhoea, ear infections and tooth decay.
- A cup cannot be left beside a baby, for the baby to feed himself. The person who feeds a baby by cup has to hold the baby and look at him, and give him some of the contact that he needs.
- A cup does not interfere with suckling at the breast
- A cup enables a baby to control his own intake.

Step 3: Ask participants to open counselling card 18 and say what they see

Card 18

Cup feeding

Republic of Kenya
Ministry of Health

unicef

How to feed a baby by cup

(7 Minutes)

Step 4: List their responses on a flip chart
Summarize their ideas using the notes below

How to feed a baby by cup

- Wash your hands.
- Hold the baby-sitting upright or semi-upright on your lap.
- Place the estimated amount of milk for one feed into the cup.
- Hold the small cup of milk to the baby's lips.
 - Tip the cup so that the milk just reaches the baby's lips.
 - The cup rests lightly on the baby's lower lip, and the edges of the cup touch the outer part of the baby's upper lip.
- The baby becomes alert, and opens his mouth and eyes.
 - A low-birth-weight (LBW) baby starts to take the milk into his mouth with his tongue.
 - A full term or older baby sucks the milk, spilling some of it.
- Do not pour the milk into the baby's mouth. Just hold the cup to his lips and let him take it himself (sipping or lapping).
- When the baby has had enough, he closes his mouth and will not take any more. If he has not taken the calculated amount, he may take more next time, or you may need to feed him more often.
- Measure his intake over 24 hours - not just at each feed.

Step 5: Carry out a demonstration on cup feeding

Step 6: Ask 2 volunteer participants to do a return demonstration, one at a time as you make corrections as necessary

Disadvantages of bottle-feeding

Disadvantages of bottle feeding

- Increased risk of infection
- Reduced duration of breastfeeding
- Decreased frequency or effectiveness of suckling
- Some infants have difficulty attaching to the breast if fed by bottle
- Delays milk production
- Reduced milk supply

Summarize session

(3 minutes)

Ask participants if they have any questions, or seek clarification as may be necessary.

Session 8

Breast Conditions Related to Breastfeeding

Participants will learn more about breast conditions related to breastfeeding and how to manage them

Objectives

After completing this session, participants will be able to recognize and manage common breast conditions including:

1. Flat and inverted nipples
2. Full and engorged breast
3. Blocked ducts and mastitis
4. Sore nipple and nipple fissures
5. Candida infection

Duration: 55 Minutes

Methodologies: Facilitative lecture, role plays, discussion, demonstrations, brainstorming and Q&A

Material: Flip charts, marker pens, masking tape, 20 cc syringe, surgical blade or knife, breast model, counselling card 19 (*breast conditions related to breastfeeding*)

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Facilitative lecture	Flip chart, marker pens
50 minutes	Breast conditions related to breastfeeding.	Discussions, illustrations demonstration, interactive lecture	Handout , counselling card 19
3 minutes	Session summary	Questions and answers	

Activity 1

Introduction to breast conditions related to breastfeeding (5 minutes)

Participants will discuss the breast conditions related to breastfeeding and how to manage them, using demonstrations and illustrations

- Diagnosis and management of common breast conditions are important both to relieve the mother of pain and discomfort and to enable breastfeeding to continue.
- Treatment differs for some breast conditions e.g. if the mother is HIV-infected. There are different shapes and sizes of breasts for different mothers.
- No matter the shape or size of the breasts, they are all normal, and they can all produce enough of milk for a baby – or two or even three babies.
- Many mothers worry about the size of their breasts.
- Mothers with small breasts often worry that they cannot produce enough milk.

Step 1: Ask participants to brainstorm on some factors that affect breastfeeding

Step 2: List their responses on a flip chart

Summarize their ideas using the notes below

- Differences in the sizes of breasts are mostly due to the amount of fat, and not the amount of tissue that produces milk.
- It is important to reassure women that they can produce enough milk, whatever the size of their breasts.
- The nipples and the dark areas are different shapes and sizes too.
- Sometimes the shape of a nipple may make it difficult for a baby to get well attached to the breast.
- Such a mother may need extra help at first to make sure that her baby can breastfeed well.
- However, babies can breastfeed quite well from breasts of any size, with almost any shape of nipple.

Step 1: Ask participants to refer to the counselling card 19 picture of a “flat nipple” and describe how it may affect breastfeeding.



Flat nipples

Step 2: List their responses on a flip chart

Summarize using the notes below

- A baby does not suck from the nipple. He takes the nipple and the dark area around it (areola) into his mouth to form a 'teat'.
- Soon after delivery, the nipple stretches easily making it easy for her baby to stretch it to form a 'teat' in his mouth.
- Therefore a baby is able to suckle from a breast with flat nipple with no difficulty.

Inverted nipples

Step 1: Ask participants to refer to the counselling card 19 no. picture “Inverted nipple” and ask them to observe the illustration

Step 2: Ask participants to brainstorm on how the breast in the illustration may affect breastfeeding

Step 3: List their responses on a flip chart

Summarize using the notes below

- An inverted nipple does not stretch like the flat nipple.
- When a mother tries to pull out, the nipple goes inward instead of coming out
- This makes it difficult for a baby to be well attached and so milk removal is not effective
- This often leads to abscesses which have to be removed through a surgical procedure thus scarring the breast tissue
- Fortunately, inverted nipples are not very common.
- With skilled help, a mother with inverted nipple (s) can be supported to breastfeed successfully.

Management of flat and inverted nipples

Step 4: Refer participants to the counselling card on management of flat and inverted nipples

- **Antenatal treatment**
 - Antenatal treatment like stretching nipples or wearing nipple shells is not helpful as most nipples improve around the time of delivery without any treatment.
 - Help is most important soon after delivery, when the baby starts breastfeeding.
- **Build the mother’s confidence (use skills learnt earlier)**
 - It may be difficult to feed from flat and inverted nipples at the beginning, but with patience and persistence she can succeed.
 - Her breasts will improve and become softer in a week or two after delivery.
 - A baby suckles from the breast - not from the nipple. Her baby needs to take a large mouthful of breast.
 - As her baby breastfeeds, they will stretch her nipple out.
 - Encourage her to give plenty of skin-to-skin contact, and to let her baby explore her breasts.
- **Let him try to attach to the breast on his own, whenever he is interested as some babies learn best by themselves**
- **Help the mother to position her baby**
 - If a baby does not attach well by himself, help his mother to position him so that he can attach better.

- Give her this help early, in the first day, before her breast milk starts to flow and her breasts are too full.
- Mothers should try different positions to establish which one is best for their baby.
- Sometimes making the nipple stand out before a feed helps a baby to attach.
- Sometimes shaping the breast makes it easier for a baby to attach. To shape her breast, a mother supports it from underneath with her fingers, and presses the top of the breast gently with her thumb.

- **If a baby cannot breastfeed properly in the first week or two, help his mother to try the following:**

- Express her milk and feed it to her baby with a cup. This way, the breasts become soft so that it is easier for the baby to attach to the breast
- She should not use a bottle, because that makes it more difficult for her baby to take her breast.
- Alternatively she could express/squeeze a little milk directly into her baby's mouth.

Resource notes

- Antenatal treatment is not helpful, for example stretching nipples. Most nipples improve around the time of delivery without any treatment. Help is most important soon after delivery when the baby starts breastfeeding.
- It is important to build the mother's confidence. Explain that with patience and persistence she can succeed. Explain that her breasts will become softer in the week or two after delivery, and that the baby suckles from the breast and not from the nipple. Encourage her to practice plenty of skin-to-skin contact
- If a baby does not attach well by himself, help his mother to position him so that he can attach better. Give her this help early, in the first day, before her breast milk 'comes in' and her breasts are full. Sometimes putting a baby to the breast in a different position makes it easier for him to attach, for example the underarm position.
- If a baby cannot suckle effectively in the first week or two, help his mother to try to express her milk and feed it to her baby by cup.
- Expressing milk also helps to keep the breasts soft, so that it is easier for the baby to attach.
- Expressing milk also helps to keep up the supply of milk. She should not use a bottle because that makes it more difficult for her baby to take her breast.

The syringe method for managing inverted nipples.

Step 1: Ask participants to look at the handout - preparation of the syringe for managing inverted nipples

Step 2: Ask participants to take turns to read the key points below

Step 3: Explain and clarify any issues arising as participants read

Preparation of the syringe for managing inverted nipples

Show participants the 20 ml syringe that you have prepared, and explain how you cut off the adaptor end of the barrel.

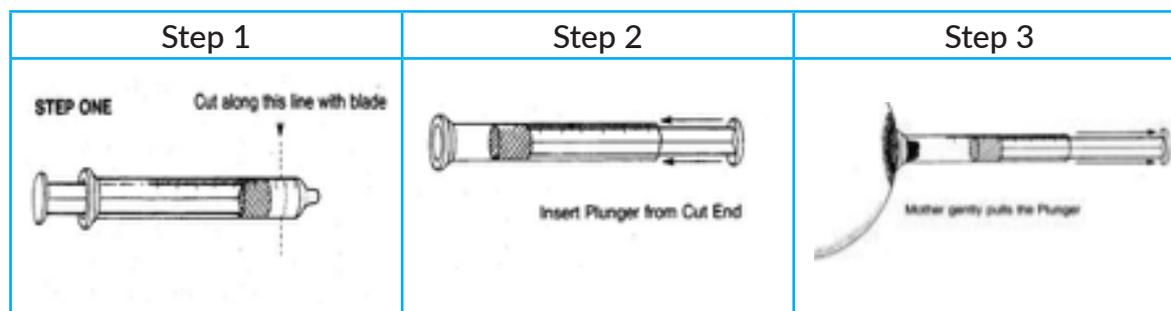
- Put the plunger into the cut end of the barrel (that is, the reverse of its usual position).
- Use a model breast, and put the smooth end of the barrel over the nipple. Pull out the plunger to create suction on the nipple.
- Explain use of the syringe for treating inverted nipples after delivery, and to help a baby to attach to the breast.
- Explain that the mother must use the syringe herself.
- Explain how to teach the mother to use the syringe:
 - Put the smooth end of the syringe over her nipple, as you demonstrated
 - Gently pull the plunger to maintain steady but gentle pressure
 - Do this for 30 seconds to 1 minute, several times a day
 - Push the plunger back to decrease the suction, if she feels pain.

This prevents damaging the skin of the nipple and areola.

A mother should use the syringe to make her nipple stretch every time just before she starts to breastfeed.

Demonstrate preparation and use of a syringe for management of inverted nipples

Step 4: Ask participants to open the handout and find **'PREPARING AND USING A SYRINGE'**



Full and engorged breasts

Step 1: Ask participants to refer to the counselling card no.19 on “full and engorged breasts” and say what they see:

Step 2: List their responses on a flip chart

Summarize using the notes below for picture 1 and 2

- The mother in picture 1 has full breasts.
- This is a few days after delivery, and her milk has started flowing. Her breasts feel hot, heavy and hard.
- However, her milk is flowing well and milk is coming out from her breasts.
- This is normal fullness. Sometimes full breasts feel quite lumpy.
- The only treatment that she needs is for her baby to breastfeed frequently, to remove the milk.
- The heaviness, hardness, or lumpiness decreases after a feed, and the breasts feel softer and more comfortable.
- In a few days, her breasts will adjust to the baby's needs, and they will feel less full.
- The mother in picture 2 has engorged breasts.
- Engorgement means that the breasts are too full, partly with milk, and partly with increased tissue fluid and blood, which interferes with the flow of milk.
- The breasts in this picture look shiny, because it is oedematous. Her breasts feel painful, and her milk does not flow well.
- The nipple appears flat, because the skin is stretched tight
- When a nipple is stretched tight and flat like this, it is difficult for a baby to attach to it, and to remove the milk.
- Sometimes when breasts are engorged, the skin looks red, and the mother has a fever. This may make you think that she has mastitis. However, the fever usually settles in 24 hours.

Step 3: Ask participants to turn to their handouts and find the box titled **SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS.**

Step 4: Read out the points in the column entitled 'Full breasts' and in the column entitled 'Engorged breasts'.

SUMMARY OF DIFFERENCES BETWEEN FULL AND ENGORGED BREASTS	
Full Breasts Hot Heavy Hard Milk flowing No fever	Engorged Breasts Painful Oedematous Tight, especially nipple Shiny May look red Milk NOT flowing Fever may occur within 24 hours

Step 5: Ask participants to brainstorm reasons why breasts may become engorged and write their responses on a flip chart

Step 6: List their responses on a flip chart

Summarize using the notes below

- Delay in starting breastfeeding after birth
- Poor attachment to the breast so breast milk is not removed effectively
- Infrequent removal of milk – for example, if breastfeeding is not on demand
- Restricting the length of breast feeds
 - Engorgement can be prevented by breastfeeding the babies as soon as possible after delivery; making sure that the baby is well positioned and attached to the breast; and encouraging unrestricted breastfeeding
- Expressing when breasts are very full and baby can't finish so that milk does not then build up in the breast.

Step 7: Ask participants to turn to their handouts and find the box **'MANAGEMENT OF BREAST ENGORGEMENT'**.

Step 8: Read out the points below and briefly explains

MANAGEMENT OF BREAST ENGORGEMENT

- Do not 'rest' the breast. To treat engorgement it is essential to remove milk. If milk is not removed, an abscess may form and breast milk production decreases.
- The best way to remove milk is to breastfeed frequently. Help the mother to position and attach her baby well.
- If baby is not able to suckle help his mother to express her milk. Sometimes it is only necessary to express a little milk to make the breast soft enough for the baby to breastfeed.
- Some things that you or the mother can do to help milk to flow are:
 - Put a warm compress on her breasts
 - Massage her back and neck
 - Massage her breast lightly
 - Stimulate her breast and nipple skin
 - Help her to relax
- After a feed, put a cold compress on her breasts. This will help to reduce oedema.
- Build the mother's confidence. Explain that she will soon be able to breastfeed comfortably again.

ENGORGEMENT IN A MOTHER WHO IS STOPPING BREASTFEEDING

- Engorgement may occur in a mother who stops breastfeeding abruptly.
- When breasts are too full, a mother should only express little milk to relieve the discomfort.
- Medicines to reduce the milk supply are not recommended. However, a pain killer may be used to help the discomfort while the mother's milk supply is decreasing.

Mastitis

Step 1: Ask participants to turn to counselling card no.19 and find the picture on “Mastitis” and say what they see

Step 2: List their responses on a flip chart
Summarize the using the notes below

- In this condition, part of the breast looks red and swollen. There is a crack on the tip of the nipple.
- The woman has severe pain, and hotness of the body, and she feels ill.
- Part of the breast is swollen and hard, with redness of the overlying skin.
- Unlike full breasts which affects the whole breast, and often both breasts, Mastitis affects part of the breast, and usually only one breast.

Blocked ducts

Step 3: Describe the signs and symptoms of blocked ducts and mastitis.

Lump	If not managed, progresses to	Hard area
Tenderness		Feels pain
localised redness		Red area
No fever		Fever
Feels well		Feels ill

- Failure to identify and manage most breast conditions may develop in an engorged breast, or due to unmanaged blocked duct.
- A blocked duct occurs when the milk is not removed from part of a breast. Sometimes this is because the duct to that part of the breast is blocked by thickened milk stasis
- The symptoms are a lump that is tender and often redness of the skin over the lump. The woman has no fever and feels well.
- When milk stays in part of a breast, because of a blocked duct, or because of engorgement, it is called milk stasis. If the milk is not removed, it can cause inflammation of the breast tissue, which is called non-infective mastitis.
- Sometimes a breast becomes infected with bacteria, and this is called infective mastitis.
- It is not possible to tell from the symptoms alone if mastitis is non-infective or infective. If the symptoms are all severe, however, the woman is more likely to need treatment with antibiotics.

Step 4: Discuss the causes of blocked ducts and mastitis

Causes of blocked duct and mastitis

- The main cause of a blocked duct is poor drainage of all or part of a breast
- Poor drainage of the whole breast may be due to infrequent breastfeeds or or poor positioning and attachment
- Infrequent breastfeeds may occur when a mother is very busy, when a baby starts feeding less often e.g sleep all night, or because of a changed feeding pattern for another reason, for example the mother returning to work.
- Poor drainage of part of the breast may be due to ineffective suckling, pressure from tight clothes, especially a bra worn at night, or pressure of the mother's fingers which can block milk flow during a breastfeed.
- Remember that if a baby is poorly attached and positioned and is suckling at the breast, this may cause a nipple fissure which provides a way for bacteria to enter the breast tissue and may lead to mastitis.

Treatment of blocked duct and mastitis

- The most important part of treatment is to improve the flow of milk from the affected part of the breast.
- Look for a cause of poor drainage and correct it.
- Look for poor attachment, pressure from clothes (particularly a tight bra) and notice what the mother does with her fingers e.g. scissor-hold as she breastfeeds. Does she hold the areola and possibly block milk flow?
- Whether or not you find a cause, there are several suggestions to offer to the mother.
 - Breastfeed frequently. The best way is to rest with her baby, so that she can respond to him and feed him whenever he is willing.
 - Gently massage the breast while her baby is suckling. Show her how to massage over the blocked area right down to the nipple. This helps to remove the block from the duct. She may notice that a plug of thick material comes out with her milk. This is safe for the baby to swallow.
 - Apply warm compresses to her breast between feeds.
- Sometimes it is helpful to start the feed on the unaffected breast. This may help if pain seems to be preventing the oxytocin reflex. Change to the affected breast after the reflex starts working. Try feeding the baby in different positions.
- Sometimes a mother is unwilling to feed her baby from the affected breast, especially if it is very painful. In these situations it is necessary to express the milk. If the milk stays in the breast, an abscess is more likely to develop.
- Usually blocked duct or mastitis heals faster when drainage to that part of the breast improves.

- However, a mother needs additional treatment if there are any of the following: severe symptoms when you first see her, or a fissure through which bacteria may enter, or no improvement after 24 hours of improved drainage.

Resource Notes

- In a woman who is HIV-infected, mastitis or nipple fissure (especially if bleeding or oozing) may increase the risk of HIV transmission. Therefore, the recommendation to increase the frequency and duration of feeds in mastitis is not appropriate for these women.
- If an HIV-infected woman develops mastitis or a fissure she should avoid breastfeeding from the affected side while the condition persists. It is the same if she develops an abscess.
- She must express milk from the affected breast, to ensure adequate removal of milk. This is essential to prevent the condition becoming worse, to help the breast recover, and to maintain milk production. The health worker should help her to ensure that she is able to express milk effectively.
- If only one breast is affected, the infant can feed from the unaffected side, feeding more often and for longer to increase milk production. Most infants get enough milk from one breast. The infant can feed from the affected breast again when it has recovered.
- If both breasts are affected, she will not be able to feed from either side. The mother will need to express her milk from both breasts. Breastfeeding can resume when the breasts have recovered as long as the mother is on HAART.
- The health worker will need to discuss other feeding options for her to give meanwhile. The mother may decide to heat-treat her expressed milk, or to give home-prepared or commercial formula. The infant should be fed by cup.
- Give antibiotics for 10-14 days to avoid relapse. Give pain relief and suggest rest as in the HIV-uninfected woman.

Nipple fissure

Step 1: Ask participants to turn to counselling card 19 and find pictures on nipple cracks. Encourage participants to think systematically through the 4 key points of positioning and attachment.

Step 2: Ask participants to say what they notice about the baby's position and attachment

Step 3: List their responses on a flip chart
Summarize using the notes below

- The baby is poorly positioned.
- His body is twisted away from his mother so his head and body are not in line.
- His body is not held close to his mother's.
- His body is unsupported.
- He is poorly attached
- There is more areola seen above baby's top lip.
- His mouth is closed, and his lips are pointing forwards. His lower lip is pointing forward.
- His chin is not touching the breast.
- This poor attachment may have caused both the breast engorgement and the fissure.
- The most common cause of sore nipples is poor attachment.

Resource notes

- If a baby is poorly attached, he pulls the nipple in and out as he sucks, and rubs the skin of the breast against his mouth. This is very painful for his mother.
- At first there is no fissure. The nipple may look normal; or it may look squashed with a line across the tip when the baby releases the breast. If the baby continues to suckle in this way, it damages the nipple skin, and causes a fissure.
- If a woman has sore nipples:
 - Suggest to the mother not to wash her breasts more than once a day, and not to use soap or rub hard with a towel. Washing removes natural oils from the skin and makes soreness more likely.
 - Suggest to the mother not to use medicated lotions and ointments, because these can irritate the skin, and there is no evidence that they are helpful.
 - Suggest that after breastfeeding she rubs a little expressed breast milk over the nipple and areola with her finger. This promotes healing.

Fungal/Candida infection

Step 1: Ask participants to refer to counselling card 19 on candidiasis infection and buzz in twos and list what they see

Step 2: Write their responses on a flip chart
Summarize using the notes below

- Candida infection also known as thrush makes the mother have sore and itchy nipples. There is a shiny red area of skin on the nipple and areola. .
- Candida infections often follow the use of antibiotics to treat mastitis, or other infections.

- Some mothers report that burning or stinging continues after a feed.
- Sometimes the pain shoots deep into the breast. A mother may say that it feels as though needles are being driven into her breast.
- The skin may look red, shiny and flaky. The nipple and areola may lose some of their pigmentation. Sometimes the nipple looks normal.
- Suspect Candida if sore nipples persist, even when the baby's attachment is good. Check the baby for thrush. He may have white patches inside his cheeks or on his tongue, or he may have a rash on his bottom.
- Treat both mother and baby with nystatin.
- Advise the mother to stop using pacifiers (dummies). Help her to stop using teats, and nipple shields. If these are used, they should be boiled for 20 minutes daily and replaced weekly.
- In women who are HIV-infected it is particularly important to treat breast thrush and oral thrush in the infant promptly.
- All mothers with candida should be referred to the health facility for treatment.
- Their babies should also be treated for the same.

Summarize session

(3 minutes)

Ask participants if they have any questions, or seek clarification as may be necessary.

5

UNIT 5

COMPLEMENTARY FEEDING

In this unit participants will learn what complementary feeding is and how to give complementary foods.

Session 1

Importance of complementary feeding

Objectives:

After completing this session participant will be able to:

1. Explain the meaning of complementary feeding
2. Explain the ideal age to start complementary feeding
3. Explain the risk of introducing complementary feeds too early or too late
4. Describe the energy needs for complementary feeding for children 6-23 months
5. Give the conditions for complementary feeding
6. Food safety and hygiene in complementary feeding

Duration: 1 hour 13 minutes

Methodologies: Discussions, brainstorming group work, demonstration, observations and lecture

Materials: Flip charts, mark pens, masking tapes, basin, clean water, soap, jug, disposable paper towel, counselling card , handouts on copy of graphs and copy of hand washing steps

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
3 minutes	Explain the meaning of complementary feeding	Facilitative Lecture	Flip charts, marker pens, masking tape
15 minutes	Explain the ideal age to start complementary feeding	Brainstorming, Facilitative lecture	Flip charts, marker pens, masking tape,
10 minutes	Explain the risk of introducing complementary feeds too early or too late	Buzzing , Facilitative lecture	Flip charts, marker pens, masking tape

10 minutes	Describe the energy needs for complementary feeding for children 6-23 months	Observations, brain storming, discussions	Copy of graphs
10 minutes	Give the conditions for complementary feeding	Buzzing , discussions	Counselling cards
20 minutes	Food safety and hygiene in complementary feeding	Discussions, practical's, observations	Clean water for hand washing, soap, disposable paper towel, basin, counselling cards copy of hand washing steps
3 minutes	Session summary		

Session introduction (2 minutes)

In UNIT 4, we learnt about breastfeeding and how to effectively support mothers' to breastfeed their babies. We will now learn about complementary feeding.

Activity 1

Explaining the meaning of complementary feeding

(3 minutes)

Participants will learn the meaning of complementary feeding

Complementary feeding is giving children other foods or drinks in addition to breastmilk at 6 months of age.

These foods are called complementary foods and should be nutritious and adequate in amount so that the child can continue to grow.

Activity 2

Explain the ideal age to start complementary feeding

(15 minutes)

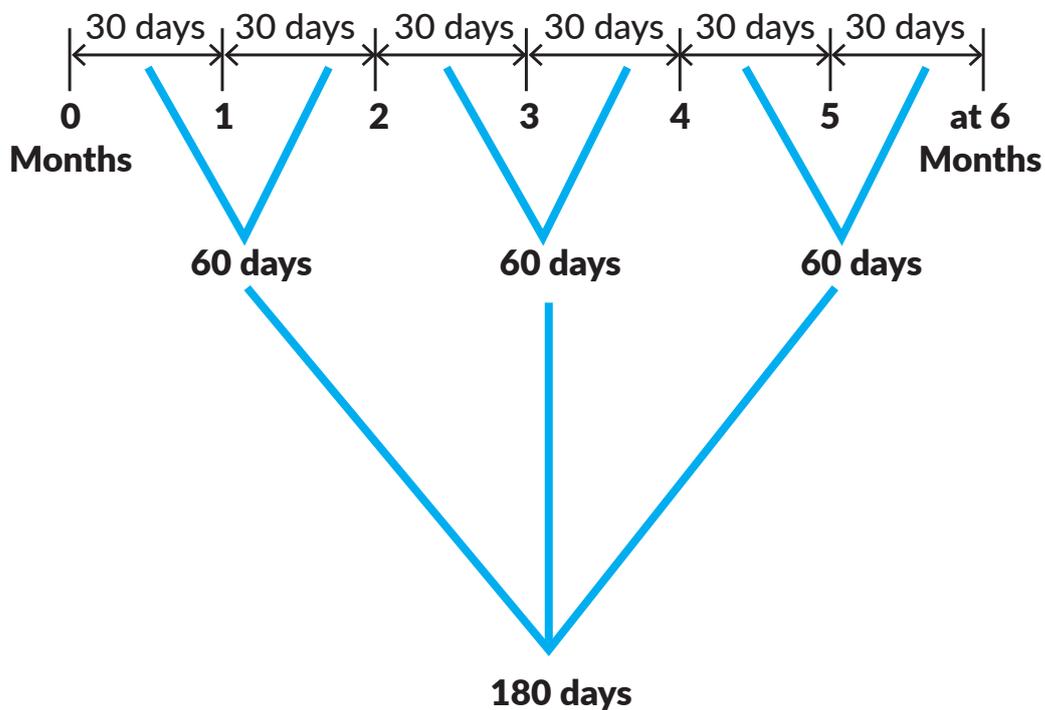
Participants will learn the age at which complementary feeding should be started

Step 1: Ask participants to brainstorm on when complementary feeding starts in their community

Step 2: List the responses on a flip chart

Step 3: Draw the illustration shown below on a flip chart as you summarize

At 6 months means: The baby has completed 180 days from birth on breastmilk only



Resource notes

The period from 0-6 months of age until two years is of critical importance in the child's growth and development. You, as CHVs, have an important role in helping families during this time

- During the period of complementary feeding, the young child gradually becomes accustomed to eating family foods. Feeding includes more than just the foods provided. How the child is fed can be as important as what the child is fed on.
- The nutritional requirements of a growing baby increases with increasing age.
- After 6 months of age, breast milk alone is not sufficient. Starting other foods in addition to breast milk at 6 months helps a child to grow well. The energy requirements and demands are increased.
- At that age, a baby has grown so that there is more space in the mouth and the tongue has the skills to move food from the front to the back of the mouth for swallowing



Activity 3

Explain the risk of introducing complementary foods too early or too late

(10 minutes)

Participants will learn the risks associated with early or late introduction of complementary foods

Step 1: Divide participants in two groups, side A and side B according to the sitting arrangement in class

Step 2: Ask participants in side A to buzz in two's on what might happen if complementary foods are started too soon (before six months)

Step 3: Ask participants in side B to buzz in two's on what might happen if complementary foods are started too late (older than six months).

Step 4: Ask one participant from each side (A and B) to read out their responses

Step 5: Ask the other participants to add on those responses

Step 6: Repeat the process for the second question

Summarize the discussion using the notes below

Starting foods too soon

- Introducing complementary feeds too soon impacts negatively on the health and nutrition status of the child as it take the place of breast milk, resulting in low nutrient diet that is less in protective factors increasing the risk of diarrhoea and other allergic conditions
- It also increases the mother's risk of another pregnancy if breastfeeding is less frequent.
- Waiting to introduce complementary foods until a baby is six months gives a baby's digestive system time to develop to better cope with solid foods.

Starting foods too late

Starting complementary foods too late may:

- Results in the child not receiving the required nutrients thus causing deficiencies and malnutrition
- Slow child's growth and development
- Starting complementary foods too late is also a risk because the child does not receive the extra food required to meet his/her growing needs

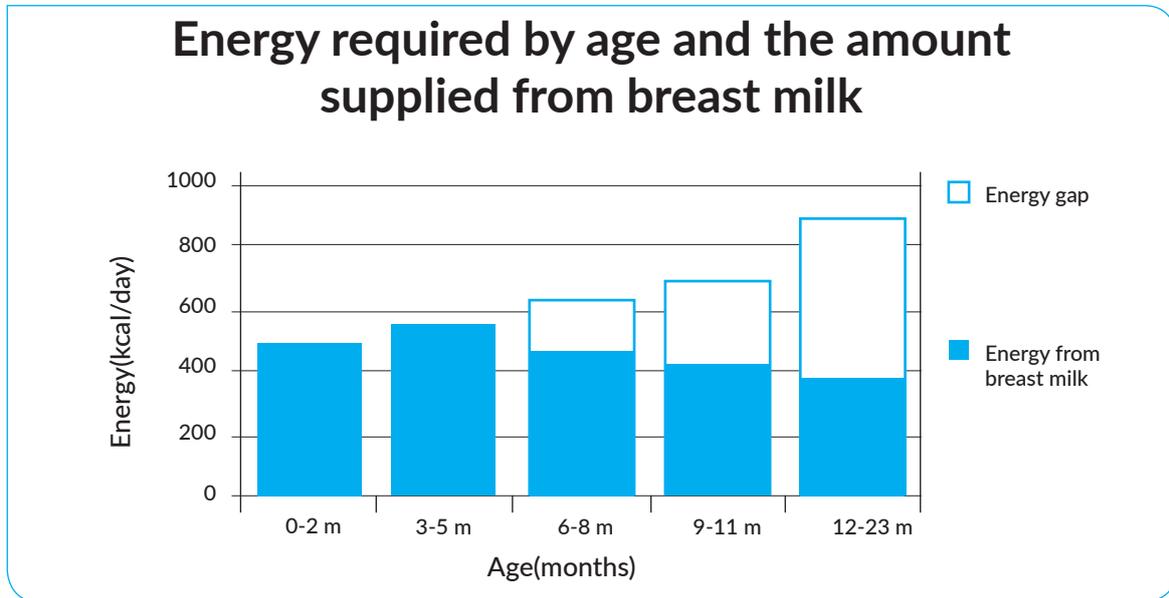


Activity 4

Describe the energy needs for complementary feeding for children 6-23 months (10minutes)

Participants will learn about the energy needs for children 6-23 months

Step 1: Refer the participants to the handout on energy gaps graph



Step 2: Ask participants to brainstorm on the energy requirements for a growing baby while making reference to the graph.

Ask: Is breast milk adequate to supply these requirements?

Summarize the discussion using the notes below

- On this graph, each column represents the total energy needed at that age. The columns become taller to indicate that more energy is needed as the child becomes older, bigger and more active. The dark part shows how much of this energy is supplied by breast milk (Point to the dark area on the graph).
- You can see that from about six months onwards there is a gap between the total energy needs and the energy provided by breast milk. The gap increases as the child gets bigger (Point to the white area on the graph).
- This graph is of an 'average' child and the nutrients supplied by breast milk from an 'average' mother. A few children may have higher needs and the energy gap would be larger. A few children may have smaller needs and thus a smaller gap.
- Therefore, six months of age is a good time to start complementary foods. Complementary feeding at 6 months helps a child to grow well and be active.
- Breast milk continues to be an important part of the diet and provides half of the child's nutritional requirement up to 12 months, a quarter up to 18 months and a third up to 2 years.
- Breastfeeding continues to provide protection to the child against many

illnesses and provides closeness and contact that helps psychological development

- Our body uses food for energy to keep alive, to grow, to fight infections, to move around and be active. Food is like the wood for the fire – if we do not have enough good wood, the fire does not provide good heat or energy. In the same way, if young children do not have enough good food, they will not have the energy to grow and be active.
- Children who are not receiving breast milk should receive another source of milk and need special attention. There are special recommendations for feeding the non-breastfed child 6 up to 24 months.

Activity 5

Give the conditions for complementary feeding

(10 minutes)

Participants to learn important conditions for complementary feeding

Step 1: Ask the participants to open counselling card 20

Step 2: Ask them to discuss in buzz groups of 2-3 what they see concerning complementary feeding

Step 3: Ask volunteer participants to give feedback

Summarize the discussion using the notes below

Foods should meet the basic criteria for complementary feeding which includes Frequency, Amount, Texture (thickness), Variety, Active Feeding/ Responsive feeding and Hygiene (FATVAH)

- **Frequency:** The meal frequency should be based on age appropriate recommendations.
- **Amount:** The amount of food given to the young child at each meal should be adequate for the age and provide sufficient energy, protein and micronutrients to meet the growing child's nutritional needs.
- **Texture:** The food consistency should be age appropriate and adapted to the child's requirements and abilities.
- **Variety:** A child should eat a variety of foods that provide different nutrients to meet the child's nutritional needs.
- **Active feeding:** Supervising and encouraging a child to eat enough food at each meal.
- **Hygiene:** Foods should be hygienically prepared, stored and fed with clean hands using clean utensils – bowls, cups and spoons.

THINK! Hygiene, Frequency, Amount, Thickness, Variety, and Responsive feeding

Activity 6

Food safety and hygiene in complementary feeding

(20 minutes)

Participants to learn about hygiene as a very critical part of complementary feeding

Before handling any complementary foods, Hygiene should be observed. Hygiene is a very critical part of complementary feeding

Participants discuss on the importance of hygiene

Step 1: Ask participants to brainstorm on the importance of hygiene?

Step 2: List their responses on a flip chart

Summarize using the notes below

Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.

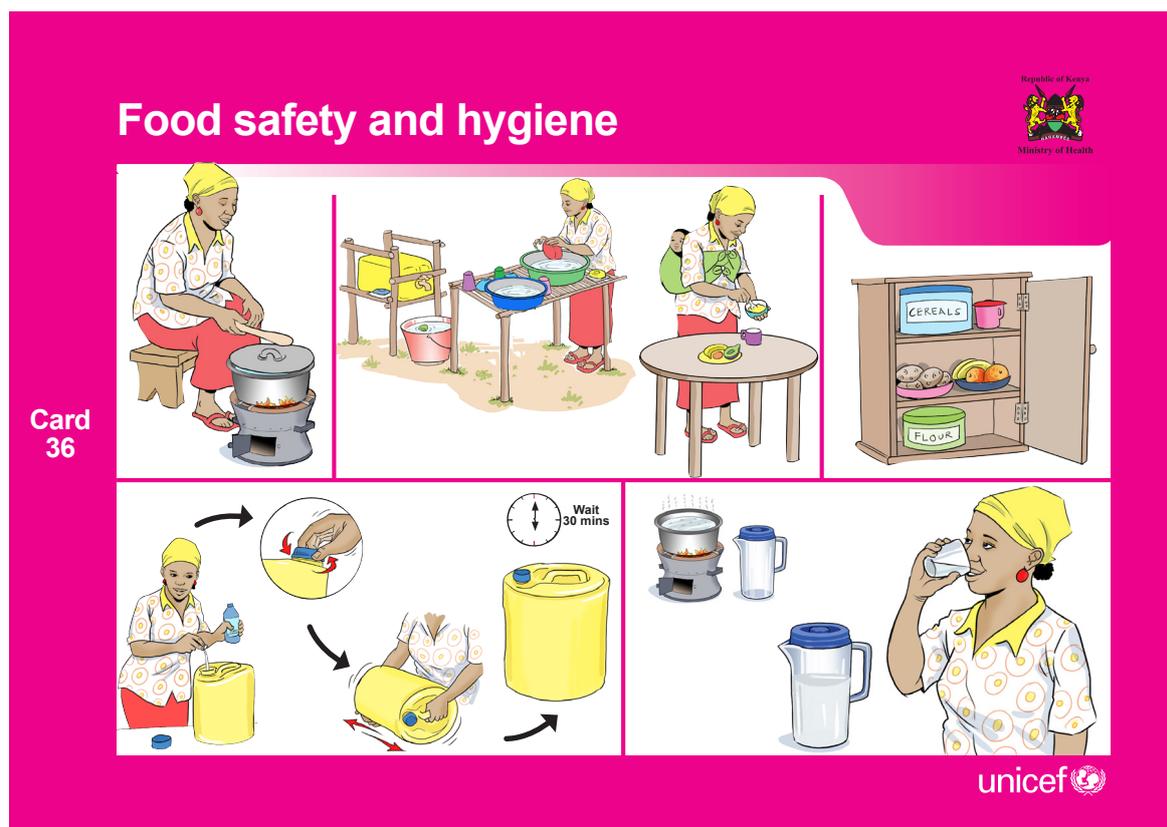
The critical moments in food management that require attention at all times include:

- During food preparation and serving
- During cooking
- During consumption
- During storage

Participants discuss ways of minimizing contamination of complementary foods

Step 1: Ask participants to brainstorm on the various ways of minimizing contamination of complementary foods?

Step 2: Ask participants to open card 36 and say what they see from the card



Summarize the discussion using the notes below

Ways of minimizing contamination of complementary food items

- Cover food while cooking
- Protect food from flies, other insects and rodents by covering it.
- Wash hands with soap and running water before handling food (before preparing and serving)
- Wash utensils and serve food in clean utensils
- Dry utensils in a clean dish rack.
- Prepare baby's food on a clean surface.
- Store cooked food in clean containers with lids (covers)
- Proper washing of food before cooking
- Separate cooked and uncooked food
- Cook meat, fish and eggs until they are well cooked.
- Wash vegetables, cook immediately for a short time and eat immediately to preserve nutrients.
- Wash raw fruits and vegetables with running water before eating.
- Ensure that food that has been cold for two hours or more is well reheated before giving to young children
- Treat drinking water with chlorine or by boiling to make it safe
- After treating the water with chemical, wait for 30 minutes before drinking the water

- Use a clean spoon to feed a baby.
- Use a clean cup to give baby milk or fluids.
- If a caregiver wants to put some of the baby's food into her mouth to check the taste or temperature, she should use a different spoon, not the baby's spoon.
- It is important to ensure safe water and food for infants and young children

How to avoid consumption of mouldy grains, nuts and other food items

- Mouldy grains, nuts and other food items may contain aflatoxins which are poisonous cancer causing chemicals. Avoid consumption of such grains
- To avoid molds, properly store grains, nuts and other food items by;
 - Proper drying of grains and other food items
 - Sorting of food materials and
- Proper storage food materials

Participants demonstrate on how to wash hands

Proper hand washing and hygiene practices should be observed when preparing complementary foods.

Besides other food safety and hygiene practices it is critical that one knows how to wash hands properly.

Step 1: Ask participant to brainstorm on what are the steps of proper hand washing?

Step 2: List their responses on a flip chart

Step 3: Ask a volunteer participant to demonstrate on hand washing steps using the clean water and soap provided

Summarize the hand washing steps using the illustration below.

Step 4: Tell the participants that the steps of hand washing are available in their hand out

Demonstrating hand washing procedure (practical session)



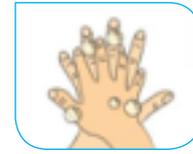
Wet hands with water.



Apply soap.



Rub hands palms to palms.



Rub the back of each hand with fingers interlaced.



Rub palms together with fingers interlaced.



Rub with back of fingers to the opposing palms.



Rub each thumb clasped in opposite hands.



Rub the tips of fingers.



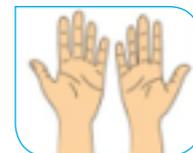
Rub each wrist with different hands.



Rinse with water.



Dry thoroughly your hands.



Your hands are now clean.

Summarize with the notes below

- Use running water to wash your hands
- Use soap: bar or liquid, ordinary or antiseptic (bar soap must be allowed to drain between uses; use soap racks)
- Use friction to remove dirt from under the fingernails
- Timing (20-30 seconds) is the standard acceptable length of time for hand washing
- Use clean disposable towels for drying, or allow to air dry

Participants discuss the critical times for hand washing

Step 1: Ask participants to brainstorm when is it important to wash hands?

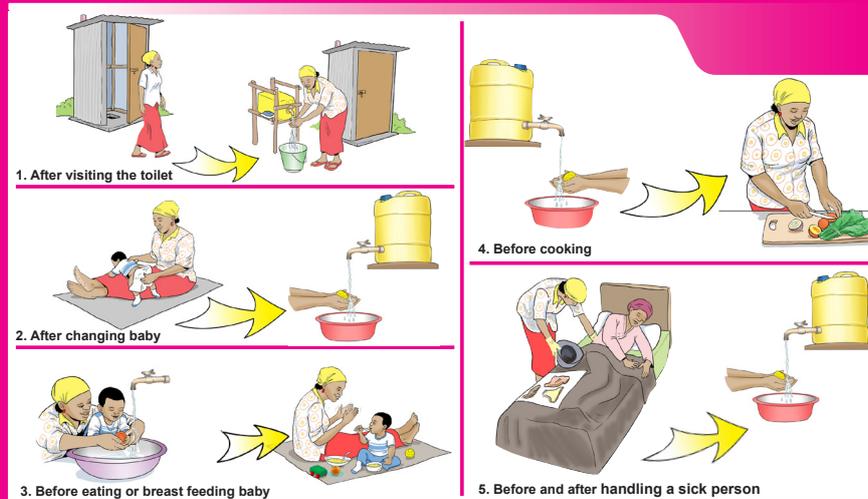
Step 2: List their responses on a flip chart

Step 3: Ask participants to open card number 34 and mention what they see

Handwashing at 5 critical times to prevent illness



Card
34



unicef

Step 4: List their responses on a flip chart
Summarize using the notes below

The 5 critical times for hand washing to avoid infections are:

- After visiting toilet
- After changing baby diapers/nappies
- Before eating or breast feeding
- Before cooking
- Before and after handling a sick person

Hand washing with soap and water prevents some illnesses like diarrhea

Participants discuss use of latrines and proper disposal of faeces

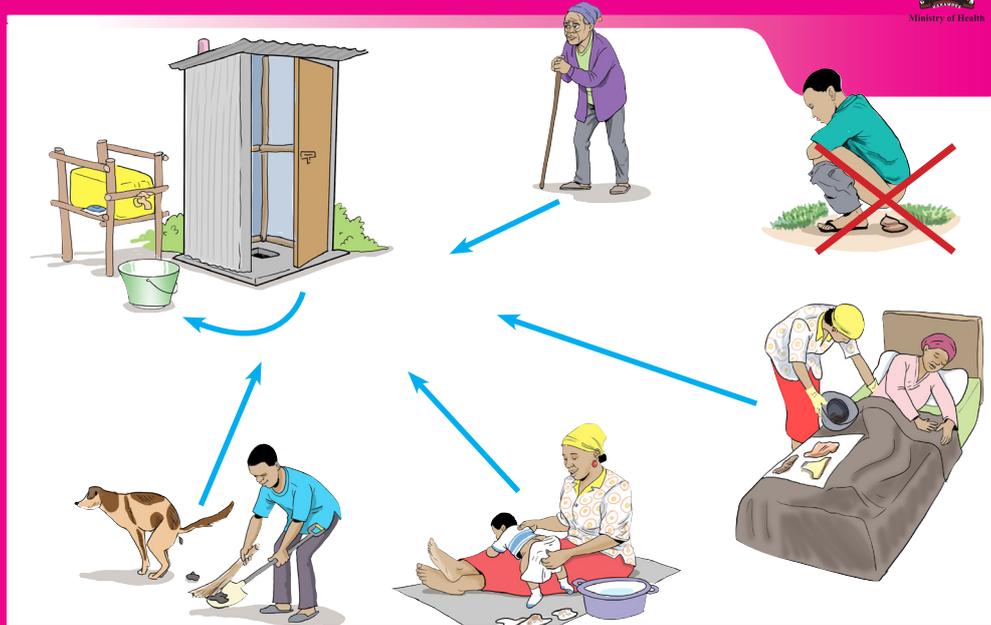
Step 1: Ask participants to brainstorm on how they dispose faeces in their community?

Step 2: Ask participants to look at card number 35 and mention what they see

Use of latrines and proper disposal of faeces



Card
35



unicef

Step 3: List their responses on a flip chart
Summarize the discussion using the notes below

- Always defecate in a latrine and encourage other family members to do so as well
- Have young children defecate in a container (potty) if it is not practical for them to use the latrine
- Dispose child faeces and diapers in a latrine
- Wash the container with soap and water after the faeces are disposed
- Immediately wash the child's hands with soap and running water after the child defecates or uses the latrine
- Wash your hands with soap and running water for 20 seconds immediately after defecation or helping a small or sick person defecate

Participants discuss healthy play areas/ environment

Step 1: Ask participants to brainstorm on how they provide play space for children under the age of 2 years?

Step 2: Ask participants to open card number 37 and mention what they see

Healthy play areas/Environment

Card
37



unicef

Step 3: List their responses on a flip chart
Summarize the discussion using the notes below

- Provide a play space for children under two years old that has a clean mat for children to play on to prevent them from eating soil or faeces.
- Clean and sanitize the play mat once a week and whenever it is soiled with food or dirt.
- Encourage the care takers to clean and sanitize toys and other items that babies frequently stick in their mouths at least two or three times per week:
 - Each time you notice that they are soiled with food or dirt;
 - When the baby is recovering from an illness;
 - When other children have put the items in their mouth
- Keep household livestock (such as chickens or rabbits) in pens or cages to keep animal faeces away from children

Summarize session

(3 minutes)

Ask if participants have any questions, or seek clarification

Session 2

Foods to fill the energy, iron and vitamin A gaps

Objectives

At the end of this session participants should be able to

1. List the 7 food groups for children
2. List local foods that can fill the energy gap
3. Describe ways to enrich foods for complementary feeding
4. Demonstrate use of foods of a thick consistency
5. Explain the iron gaps and explain factors that influence iron absorption from foods
6. Explain the importance of animal source foods
7. Explain the importance of legumes
8. lists foods that can fill the vitamin A gap

Duration: 1hr 45minutes

Methodologies: lectures, practical's, discussions, buzzing, group work, brainstorming,

Materials: Flip charts, mark pens, pre-populated food calendar, fresh food samples, masking tapes, bowl (250mls), copies of the enriching foods, fats and oils photos, 3 clear containers (2 to hold 200 mls and 1 to hold 400 mls calibrated at 200 mls mark), calibrated jug, 450mls of cooked thick porridge, two table spoons, hot water in a thermos, copies of the stomach size illustration, serviettes, side plate, copies of the iron gaps graph, Vitamin A graph

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Lecture	Flip charts, marker pens
15 minutes	Listing the 7 food groups for children	Brainstorming, group work, lecture, group discussions	Flip charts, mark pens, pre populated food calendar, fresh food samples, masking tapes
15 minutes	Listing local foods that can fill the energy gap	Lecture , discussions, brain storming	Flip charts, mark pens, bowl
10 minutes	Describing ways to enrich foods for complementary feeding	Lecture , discussions, brain storming	Flip charts, mark pens, copies of the enriching foods and fats and oils photos
10 minutes	Demonstrate use of foods of a thick consistency	Lecture , discussions, brainstorming, demonstration	3 see through containers (2 to hold 200 mls and 1 400 mls calibrated at 200 mls mark), calibrated jug, 450mls of cooked thick porridge, two table spoons, hot water in a thermos, copies of the stomach size illustration, serviettes, side plate

20 minutes	Explain the iron gaps and factors that influence iron absorption from foods	Lecture , brainstorming, discussions,	Flip chart, mark pens, copies of the iron gaps graph
10 minutes	Explain the importance of animal source foods	Lecture , brainstorming, discussions	Flip chart, mark pen
10 minutes	Explain the importance of legumes	Lecture , brainstorming, discussions	Flip chart, mark pen
10 minutes	List foods that can fill the vitamin A gap	Lecture , brainstorming, discussions	Flip chart, mark pen, Vitamin A graph
3 minutes	Session summary		

Introduction of the session

(2 minutes)

- In the previous session, we discussed the graph on energy needed by a growing child and how much is provided by effective breastfeeding.
- In this session, we are going to learn about foods that fill the energy, iron and vitamin A gaps

Activity 1

Listing the 7 food groups for children

(15 minutes)

Participants brain storm on 7 food groups for children

Step 1: Ask participants to brainstorm on 7 food groups for children as discussed in Unit 2 on food and nutrients

Step 2: List their responses on the flip charts

Summarize using the notes below

1. Grains, grain products and other starchy foods
2. Legumes and nuts,
3. Flesh foods
4. Eggs
5. Dairy and dairy products
6. Vitamin A rich fruits and vegetables,
7. Other fruits and vegetables

Step 3: Facilitator divides participants into 4 groups.

Step 4: Facilitator assigns the 7 food groups to the already formed groups (two food groups per each of the three groups and 1 food group for 1 group)

Example

Group 1:

1. Grains, grain products and other starchy foods
2. Eggs

Group 2:

3. Legumes and nuts, seeds
4. Dairy and dairy products

Group 3

5. Other fruits and vegetables
6. Fleshy foods
7. Vitamin A rich fruits and vegetables

Step 5: Facilitator uncovers the fresh foods

Step 6: Ask participants to arrange the foods as per the food groups assigned

Step 7: Let each group list other locally available foods from each of the food groups on the pre-populated food calendar done in unit 2

Step 8: Ask participants to take their seats

Step 9: Each group presents their food in plenary, move foods that may have been misplaced as you explain to the class the reason why that food moves to a new food group

Step 10: refer participants to their hand outs and ask them to locate the 7 food groups

Ask participants if they have any questions or seek clarification

Activity 2

Listing local foods that can fill the energy gap

(15 minutes)

Think of the child's bowl or plate (Hold up the child's bowl).

- The first food we may think of serving on the bowl is the family staple.
- Every community has at least one staple or main food. The staple may be:
 - Cereals, such as rice, wheat, maize/corn, oats or millet
 - Starchy roots such as cassava, yam, or potato, green bananas
- All foods provide some energy. However, people generally eat large amounts of these staples and they provide much of the energy needed.
- Staples also provide some protein and other nutrients, but they cannot provide all the nutrients needed on their own. The staple must be eaten with other foods for a child to get enough nutrients.
- Staples generally need preparation before eating. They may just need to be cleaned and boiled or they may be milled into flour or grated and

then cooked to make bread or porridge.

- Sometimes staple foods are specially prepared for young children, for example, wheat may be the staple and bread dipped in soup is the way it is used for young children.

It is important that you know the main staples that families eat in your area. Then you can help them to use these foods for feeding their young children.

Participants list local foods that can fill energy gap

Step 1: Ask participants to identify the common staples that are commonly used in the area

Step 2: List the common staples given to children in that area on a flip chart

- In rural areas, families often spend much of their time growing, harvesting, storing and processing the staple food.
- In urban areas, the staple is often bought, and the choice depends on cost and availability.

Step 3: Ask participants if the staple food used in this community depend on where you live or on the time of the year?

Preparing the staple may take a lot of the caregiver's time. Sometimes a family will use a more expensive staple that requires less preparation or less fuel for cooking rather than use a cheaper staple.

Activity 3

Describing ways to enrich foods for complementary feeding

(10 minutes)

Step 1: Ask participants to brainstorm on how they enrich foods for children in their community

Step 2: List their responses on a flip chart

Summarize using the notes below

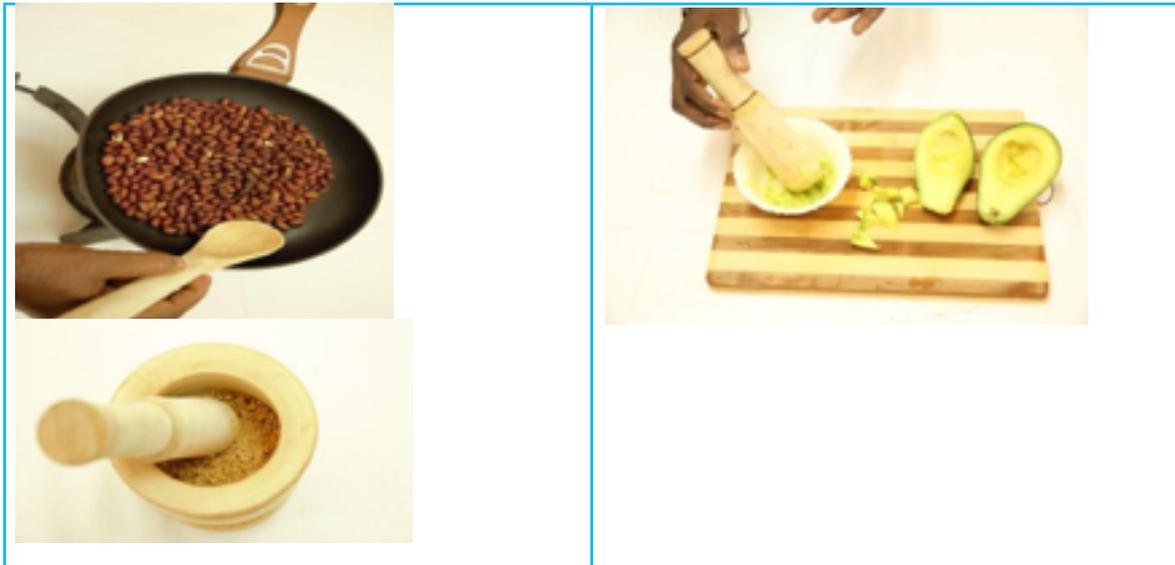
- Similar to the porridge, when soups or stews are given to young children they may be thin, dilute and fill the child's stomach.
- There may be good foods in the soup pot, but little of the food ingredients are given to the child. It is mostly the watery part of the soup that is given.

Participants discuss local ways to enrich complementary foods

Step 1: Ask participants to brainstorm on how families could make the young child's food more energy rich?

Step 2: List their responses on a flip chart

Step 3: Facilitator refers participants to the handout on photo of foods that can be used to enrich staples



Summarize using the notes below

Ways to Enrich a Child's Foods

Foods can be made more energy and nutrient rich in a number of ways:

- For porridge or other staples, prepare with less water and make a thicker porridge. Do not make the food thin and runny.
- Roast cereal grains before grinding them into flour. Roasted flour does not thicken so much, so less water is needed to make thick porridge. Roasting also helps to remove substances that are hard to digest
- For a soup or stew, take out a mixture of the solid pieces in the soup or stew such as beans, vegetables, meat and the staple. Mash this to a thick puree and feed to the child instead of the liquid part of the soup.
- Add energy or nutrient rich food (Locally available foods e.g. groundnuts) to the porridge, soup or stew to enrich it. This enriching is particularly important if the soup is mostly liquid with few beans, vegetables or other foods in it
- Precook and dry legumes before mixing them with other staple flour (e.g. Beans, soya beans, chickpea)
- However do not mix more than two cereals when preparing flour for porridge

Participants discuss how they use fats and oils to enrich complementary foods

Step 1: Ask participants if they use fats and oils to enrich children foods in their community

Step 2: Refer participants to the hand out on fats and oils



Summarize using the notes below

Fats and Oils

- Stir in a paste made from nuts or seeds such as groundnut paste (peanut butter) or sesame seed paste (tahini/simsim).
- Add a spoonful of margarine, ghee or oil.

Participants discuss on use of fermented or germinated flour

Step 1: Ask participants if they use fermented or germinated flour in their community for children

Summarize using the notes below

Fermented Porridge or Germination of Grain for Flour.

Fermented porridge

- Fermented porridge can be made in two ways – the flour can be mixed with warm water and set to ferment overnight or longer before cooking, or the flour and water is cooked into porridge and then fermented. Sometimes some of a previous batch of the fermented porridge (starter) is added to speed up the process of fermentation. Porridge made from germinated grain can also be fermented.
- The advantages of using fermented porridge are:
- It is less thick than plain porridge so more grain/flour can be used for the same amount of water. This means each cupful of porridge contains more energy and nutrients than plain (unfermented) porridge.
- Children may prefer the taste of 'sour' porridge.
- The absorption of iron and some other minerals is better from the fermented porridge.
- It is more difficult for harmful bacteria to grow in fermented porridge, so it can be kept for a day or two.
- Excellent sources of good bacteria which helps improve digestion.
- Fermented foods are rich in vitamin C, K and B complex which helps protect against diseases
- Grain is also fermented to make alcohol. However, the short fermentation talked about here to make fermented porridge will not make alcohol or make the child drunk!

Germinated or sprouted flour

- Cereal or legume seeds are soaked in water and then left to sprout. The grains are then dried (sometimes toasted) and ground into flour. A family can do this at home but it is more common to buy flour already germinated.
- Mixed flours that include germinated (or malted) flour in addition to the main flour may be available in the shops.

The following ways can be used to make a thicker and more nutritious porridge:

- Use germinated flour to make porridge. This type of flour does not thicken much during cooking so less water can be used.
- Add a pinch of the germinated flour to cooked thick porridge that has cooled a little bit. The porridge should be boiled again for a few minutes after adding the germinated flour. This addition will make the porridge softer and easier for the child to eat.
- Germination also helps more iron to be absorbed.



Activity 4

Demonstrate use of foods of a thick consistency

(10 minutes)

Step 1: Ask participants if they give children foods of thick consistency in their community

Summarize the discussion using the notes below

- We have the staple in the child's bowl. Let us say this child will have (give local example, porridge, potato, rice etc) the food may be thin and runny or it may be thick and stay on the spoon.
- Often families are afraid that thick foods will be difficult to swallow, be stuck in the baby's throat, or give the baby constipation. Therefore, they add extra liquid to the foods to make it easier for the young child to eat. Sometimes extra liquid is added so that it will take less time to feed the baby.
- It is important for you to help families understand the importance of using a thick consistency in foods for young children.

The trainer demonstrates to the participants on thick porridge consistency

Step 1: Refer participants to the handout on the stomach size illustration of an 11 month old baby

Step 2: Ask participants what they see on the illustration



Step 4: This is (boy's name). He is eleven months old. At this age, (name's) stomach can hold about 200 ml at one time. This is the amount that fits into this container.

(Show the empty see-through container that holds 200 ml)

Step 5: (Name's) mother makes his porridge from maize flour. His mother is afraid (name) will not be able to swallow the porridge, so she adds extra water.

(Use one portion (200mls) of the made-up porridge (measure from the jug) put this 200mls portion into the 400 ml container and dilute this portion of porridge with the hot water provided to at least twice the volume and show to participants.) Now the porridge looks like this (thin and watery).

Step 6: Pour the porridge into a clear container 'stomach' (200mls) as you ask the question. ***Can all this thin porridge fit in his stomach?***

- No, it cannot all fit in his stomach, there is still porridge left in the bowl.
- (Name's) stomach would be full before he had finished the bowlful. So (name) would not get all the energy he needs to grow.
- (Name's) mother has talked with you, the community health volunteer, and you have suggested that she give thick porridge.
- The mother makes the porridge using the same amount of maize but does not add extra water. The porridge looks like this (thick).

Step 7: Use the other portion of the made-up porridge but do not dilute it. Show the participants how thick it is. Scoop 200mls of the porridge (remaining in the jug) into

the see-through container 'stomach' (200mls) as you ask the question, can all this thick porridge fit in (name's) stomach?

Yes. (Name) can eat a bowlful, which will help meet his energy needs.

- Look at the consistency of the porridge on the spoon. This is a good way to show families how thick the food preparation should be. The food should be thick enough to stay easily on the spoon without running off when the spoon is tilted.
- If families use a blender to prepare the baby's foods this may require extra fluid. It may be better to mash the baby's food instead so that less fluid is added.
- Porridge or food mixtures that are so thin that they can be fed from a feeding bottle, or poured from the hand or that the child can drink from a cup, do not provide enough energy or nutrients.

The consistency or thickness of foods makes a big difference to how well that food meets the young child's energy needs. Foods of a thick consistency help to fill the energy gap.

Activity 5

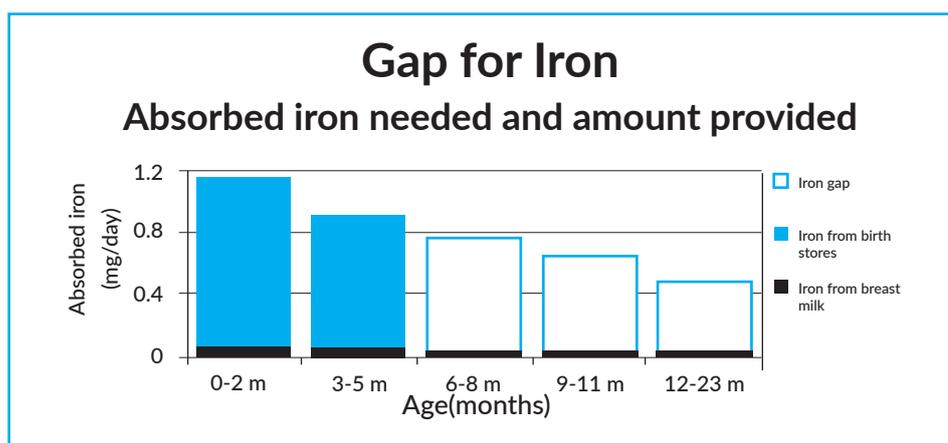
Explain the iron gaps and factors influencing Iron absorption (20 minutes)

Step 1: Ask participants what are some of the food sources of iron found in this community?

Step 2: List their responses on a flip chart
Summarize using the notes below

- A young child needs iron to make new blood, to assist in growth, development and to help the body fight infections.

Step 3: Refer participants to the handout on the iron gaps graph



Step 4: Ask participants to say what they see from the graph
Summarize the discussion using the notes below

- In this graph, the top of each column represents the amount of absorbed iron that is needed per day by the child. A full-term baby is born with good stores of iron to cover his needs for the first six months (**Point to the striped/shaded area**).
- The black area along the bottom of the columns shows us that there is some iron provided by breast milk all the time breastfeeding continues (**Point to black area**).
- The young child grows faster in the first year than in the second year. This is why the need for iron is higher when the child is younger.
- However, the iron stores are gradually used up over the first six months. So, after that time we see a gap between the child's iron needs and what they receive from breast milk.
- This gap needs to be filled by complementary foods (**Point to white area – this is the gap**).

Step 6: Ask participants what happens if the child does not have enough intake of iron to fill this gap?

Summarize using the notes below

- If the child does not have enough iron, the child will become anaemic, will likely get infections and will take longer to recover from infections. The child will also grow and develop slowly.
- Your goals, as community health workers, are:
 - To identify local foods that are rich sources of iron
 - To assist families to use food preparations methods that enhance iron absorption and content
 - To assist families to use these iron rich foods to feed their young children.

Pulses and dark-green leaves are sources of iron. However, it is not enough that a food has iron in it; the iron must also be in a form that the child can absorb and use. We will discuss this later.

Resource notes

Zinc is another nutrient that helps children to grow and stay healthy. It is usually found in the same foods as iron, so we assume that if they are eating foods rich in iron they are also receiving zinc.

Participants brainstorm on factors enhancing or inhibiting Iron absorption

Step 1: Ask participants to brainstorm on any factors that affect iron absorption. Summarize the discussion using the notes below.

The amount of iron that a child absorbs from food depends on:

1. The amount of iron in the food.
2. The type of iron (*iron from meat and fish is better absorbed than iron from plants and eggs*)
3. The types of other foods present in the same meal (*some increase iron absorption and others reduce absorption*)
4. Whether the child has anaemia (*more iron is absorbed if anaemic*).

Eating these foods below at the same meal increases the amount of iron absorbed from eggs, plant foods such as cereals, pulses, seeds, and vegetables:

- Foods rich in vitamin C such as tomato, broccoli, guava, mango, pineapple, papaya, orange, lemon and other citrus fruits.
- Small amounts of the flesh or organs/offal of animals, birds, fish and other Sea foods.

Iron absorption is decreased by:

1. Drinking teas and coffee with food
2. Taking foods high in fibre such as bran.
3. Taking foods rich in calcium together with iron rich foods.

Activity 6

Explain the importance of animal source foods

(10 minutes)

Step 1: Ask participants which are the animal source foods that they give to their children in their community?

Step 2: List these foods on the previously posted flip chart

We will now look at the importance of animal-source foods in the child's diet.

- Foods from animals, the flesh (meat) and organs such as liver and heart, as well as milk, yoghurt, cheese and eggs are rich sources of many nutrients.
- The flesh and organs of animals and birds are the best sources of iron and zinc.

- Fish (including shell fish and tinned fish) are also good for children
- Liver is not only a good source of iron but also rich in vitamin A.
- Animal-source foods should be eaten daily or as often as possible. This is especially important for children's healthy growth and development.
- Some families do not give meat to their young children because they think it is too hard for the children to eat, or they may be afraid there will be bones in fish that would make the child choke.

Step 3: Ask participants what are some of the ways of making these foods easier for the young child to eat?

Summarize the discussion using the notes below

- Some ways of making these foods easier to eat for young children are to:
 1. Cook chicken liver or other meat with rice or other staple or vegetables, and then mash them together
 2. Scrape meat with a knife to make soft small pieces
 3. Pound dried fish so bones are crushed to powder and then sieve before mixing with other foods.
- Animal-source foods may be expensive for families. However, to add even small amounts of an animal-source food to the meal adds nutrients. Organ meats such as liver or heart have more iron than other meats.
- Foods from animals such as milk and eggs are good for children because they are high in protein and other nutrients. However, milk and milk products, such as cheese and yoghurt, are not good sources of iron.
- Milk fat (cream) contains vitamin A. Therefore, foods made from whole milk are good sources of vitamin A.
- Foods made from milk (whole milk or skimmed or powdered) and any food containing bones, such as pounded dried fish, are good sources of calcium to help bones to grow strong.
- Egg yolk is another source of nutrients and rich in vitamin A.
- It can be hard for children to meet their iron needs without a variety of animal-source foods in their diet.
- Fortified or enriched foods such as fortified flours, pasta, cereals, or instant foods made for children, help to meet these nutrient needs.
- Some children may need supplements if they do not eat enough iron-containing foods or if they have particularly high needs for iron.

Activity 7

Explain the importance of legumes

(10 Minutes)

Step 1: Ask participants if communities in the area give young children legumes? If no find out why

Step 2: List their responses on a flip chart

Step 3: Ask participants what are the ways that legumes, nuts and seeds could be prepared that would be easier for the child to eat and digest?

Summarize the discussion using the notes below

- Legumes or pulses such as beans, peas, and lentils as well as nuts and seeds, are good sources of protein. Legumes are a source of iron as well.
- Some ways these foods could be prepared in a way that would be easier for the child to eat and digest are:
 - Soak beans before cooking and throw away the soaking water.
 - Remove skins by soaking raw seeds and then rubbing the skins off before cooking.
 - Boil beans then sieve to remove coarse skins.
 - Roast nuts and seeds and pound to a paste.
 - Add beans/lentils to soups or stews.
 - Mash cooked beans well.

Eating a variety of foods at the same meal can improve the way the body uses the nutrients. For example, combining a cereal with a pulse (for example: rice and beans or maize and beans)

Activity 8

List foods that can fill the vitamin A gap

(10 minutes)

Step 1: Ask participants to mention some of the vitamin A rich foods they know

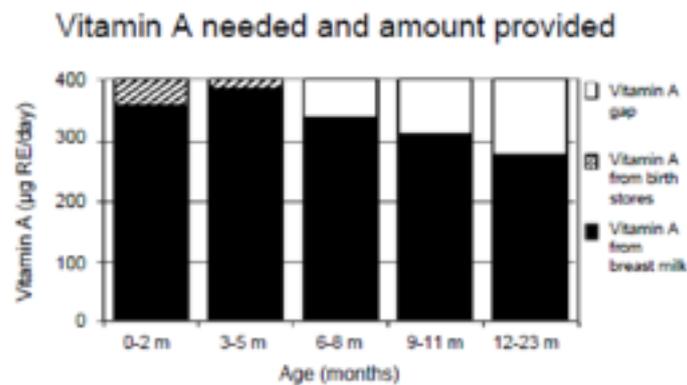
Step 2: List the foods on the previously posted flip chart

Step 3: (Show a bowl) we now have a staple in our child's bowl to fill the energy gap and foods that will help to fill the iron gap.

Another important nutrient is vitamin A, which is needed for healthy eyes and skin and to help the body fight infections.

Step 4: Refer participants to the handout on the vitamin A gap graph

Gap for vitamin A



Step 5: Ask participants to say what they see from the graph
Summarize the discussions using the notes below

- Again, on this graph the top of each column represents the amount of vitamin A that the child needs each day. Breast milk supplies a large part of the vitamin A needed provided the child continues to receive breast milk and the mother's diet is not deficient in vitamin A. As the young child grows, there is a gap for vitamin A that needs to be filled by complementary foods (Point to the white area – this is the gap to be filled).
- Good foods to fill this gap are dark-green leafy vegetables, yellow and orange-coloured vegetables and fruits.
- Other sources of vitamin A that we mentioned already were:
 - Organ foods/offal (liver) from animals
 - Milk and foods made from milk such as butter, cheese and yoghurt
 - Egg yolks
 - Foods fortified with vitamin A e.g. Margarine, cooking oil
 - Dried whole milk powder
- Vitamin A can be stored in a child's body for a few months. Encourage families to feed foods rich in vitamin A as often as possible when these foods are available, ideally every day. A variety of vegetables and fruits in the child's diet help to meet many nutrient needs.
- Remember breast milk supplies much of the vitamin A required. A child that is not breastfed needs a diet rich in vitamin A.
- In Kenya, vitamin A supplementation programmes are available. You have a role in mobilizing care givers and referring children every 6 months to health facilities for routine vitamin A supplementation.

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 3

Quantity, Variety and Frequency of Feeding

Objectives

After completing this session, participants will be able to:

1. Describe the quantity, variety and frequency of complementary feeding
2. Describe how to feed a non-breastfeed child
3. State the quantity and frequency to offer per age group in a drill

Duration: 1hr 40 minutes

Methodologies: Lecture, group discussions, buzzing, brainstorm, group work

Materials: Counselling cards, flip charts, mark pens, masking tapes, handouts

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Lecture	Flip charts, marker pens
60 minutes	Discuss quantity, variety, frequency and texture/ consistency	Lecture, discussion, brainstorming, group work	Counselling cards number 21-24, flip charts, marker pens
15 minutes	Discuss how to feed a non-breastfed child 6-23 months	Lecture, discussion, brainstorming, group work	Counselling cards number 26, flip charts, marker pens
20 minutes	Conducting a drill	Brainstorming	Handouts
3 minutes	Session summary		

Introduction of the session

(2 minutes)

In this session we shall discuss the quantity, variety and frequency of foods that the children need for growth from 6- 59 months

Activity 1

Discuss quantity, variety, frequency and texture/ consistency

(60 minutes)

Step 1: Ask participants to brainstorm on the 7 food groups

Step 2: Refer the participants to the flip chart posted on the wall

We are now going to learn about the frequency, amount, texture/ consistency, variety, active/responsive feeding and hygiene (FATVAH) discussed in session one of this chapter in a practical way

We are going to discuss complementary feeding based on the following categories

1. At 6 months
2. 7-8 months
3. 9-11 months
4. 12-23 months
5. 24-59 months

Participants discuss the counselling cards 21-25

Step 1: Divide participants into 5 groups: Group 1, 2, 3, 4 & 5

Step 2: Tell participants that they will discuss counselling cards number 21-24 and 25

Step 3: Ask each group to discuss and note the key information they can derive from each of the card starting from card number 25 on frequency, amount, texture/ consistency, variety, active/responsive feeding and hygiene and developmental milestone for each age categories in each of the cards.

Step 4: Ask one participant from group one to share in the plenary the notes they have made on card 21 ask the other 4 groups to add any additional information.

Step 5: Give additional information by using the summary notes on the counselling card 21 and for the rest of the cards

Step 6: Repeat the same process for cards 22, 23, 24 and 25. Example (Group 2 presents card 22, Group 3 presents card 23, Group 4 presents card 24 and group 1 presents card 25)

Card 21

Complementary feeding at 6 months

Republic of Kenya
Ministry of Health

	Week 1-2	Week 3-4
Day	[Bowl of porridge]	[Bowl of porridge]
	[3 spoonfuls]	[3 spoonfuls]
Evening	[Bowl of porridge]	[Bowl of porridge]
	[3 spoonfuls]	[3 spoonfuls]

unicef

Summarise the discussion using the notes below

At 6 months

- Breast milk continues to be an important part of the diet and provides half of the child nutritional requirement up to 12 months, a quarter up to 18 months and a third up to 2 years.
- Breastfeed before giving other foods, and continue breastfeeding on demand both day and night.

THINK! Frequency, Amount, Thickness, Variety, Active feeding/ Responsive feeding, Hygiene

- **Frequency:** Feed 2 times a day, use a separate bowl to feed the baby to make sure he/she eats all the food given
- **Amount:** The child has just begun complementary foods, the care givers need to introduce small amounts of food and be patient. Start with 2 tablespoons at each feed and increase to 3 tablespoons in the 3rd to 4th week. Baby needs time to get used to new food and thus introduce one food at a time
- **Thickness:** Should be thick enough not to run off the spoon
- **Variety:** Begin with the staple foods like porridge (corn, wheat, rice, millet, sorghum), pureed banana or potato. When making porridge flour, you should not mix more than 2 cereals: introduce more variety of foods gradually as the baby grows
- **Responsive feeding:** Don't force your baby to eat.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses. Wash with soap and water at all critical times
- **Give the child small sips of safe drinking water**

Early detection of the delayed mile stone will help address the problem before it's too late.

At this age some infants are able to sit

Complementary feeding for 7–8 months



Card
22



unicef

Summarise the discussion using the notes below

7- 8 months

- At this age the amount of food to offer increases and the texture changes as the child grows
- Breastfeeding continues
- Your baby can take mashed/pureed family foods by 8 months; your baby can begin eating finger foods.
- Add small amounts of oil to your baby's food
- Give your child some safe drinking water

When giving complementary foods to your baby;

THINK! Frequency, Amount, Thickness, Variety, Active feeding/ Responsive feeding and Hygiene.

- **Frequency:** Feed your baby 3 times a day
- **Amount:** Increase amount gradually to half (½) cup of 250 ml cup. Use a separate plate to make sure young child eats all the food given.
- **Thickness:** give mashed/pureed family foods, by 8 months your baby can begin eating finger foods. Thicken your baby's food as the baby grows older.

- **Variety:** Include at least four food groups from any of the 7 food groups per day.
 - Grains, grain products and starchy foods e.g. maize, sorghum, millet, green bananas, potatoes, rice, pasta etc
 - Legumes and nuts e.g. all types of beans, lentils, ground nuts, macadamia nuts
 - Flesh or animal source foods e.g. meat, eggs and
 - Dairy and dairy products e.g yogurt, cheese and fermented milk
 - Eggs
 - Vitamin A rich fruits and vegetables e.g. Pawpaw, mangoes, passion fruit, carrots, pumpkins, green leafy vegetables etc
 - Other fruits and vegetables e.g. Avocado, broccoli, cabbage, bananas, tomatoes
- **Active feeding/responsive feeding:** Be patient and actively encourage your baby to eat.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses to help them grow strong and healthy.
 - Add small amounts of oil to your baby's food.
 - Give your child some safe drinking water.
 - Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste.
 - Giving a child soup of the food is not the same as giving the food itself.
 - Add small amounts of iodized salt

Card 23

Complementary feeding for 9-11 months

The infographic illustrates three complementary feeding recipes for 9-11 months:

- Morning:** Ingredients include rice, beans, carrots, green leafy vegetables, and cooking oil. The recipe is blended into 1/4 bowl of food, accompanied by 3/4 cup of water.
- Noon:** Ingredients include maize, beans, tomatoes, and cooking oil. The recipe is blended into 1/4 bowl of food, accompanied by 3/4 cup of water.
- Evening:** Ingredients include green leafy vegetables, beans, and cooking oil. The recipe is blended into 1/4 bowl of food, accompanied by 3/4 cup of water.

Additional food items shown include grains, fruits, and vegetables. The infographic is endorsed by the Republic of Kenya Ministry of Health and UNICEF.

Summarise the discussion using the notes below

9-11 months

- Continue breastfeeding your baby on demand both day and night.
- Milk supplies half ($\frac{1}{2}$) of baby's needs
- Breastfeeding should take place before meals
- Give your child care and affection during the earliest years as it will help your child to thrive.
- At this age, some infants are able to stand

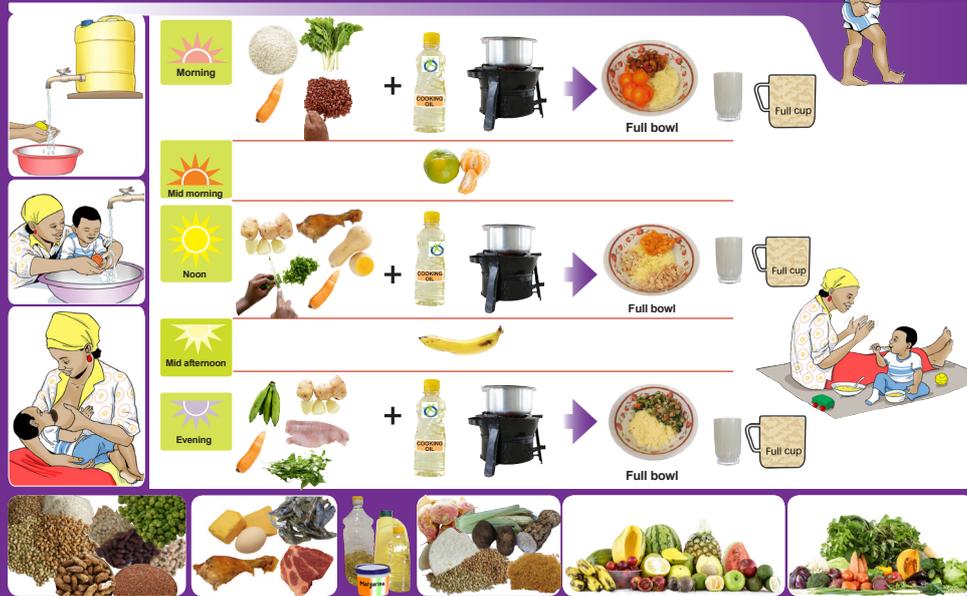
When giving complementary foods to your baby;

THINK! Frequency, Amount, Thickness, Variety, Active feeding/ Responsive feeding and Hygiene

- **Frequency:** Feed your baby complementary foods 4 times a day (3 meals and 1 a snack). Snacks may be, ripe bananas, mangoes, boiled potatoes etc
- As the child grows increase the amount of food. Give $\frac{3}{4}$ cup of 250 ml cup per meal from family foods. Use a separate plate to serve the baby's food.
- **Thickness:** Give finely chopped family foods, finger foods, sliced foods.
- **Variety:** Include at least four food groups from any of the 7 food groups per day
 - Grains, grain products and starchy foods e.g. maize, sorghum, millet, green bananas, potatoes, rice, pasta etc
 - Legumes and nuts e.g. all types of beans, lentils, ground nuts, macadamia nuts
 - Flesh or animal source foods e.g. meat, eggs and
 - Dairy and dairy products e.g. yogurt, cheese and fermented milk
 - Eggs
 - Vitamin A rich fruits and vegetables e.g. Pawpaw, mangoes, passion fruit, carrots, pumpkins, green leafy vegetables etc
 - Other fruits and vegetables e.g. Avocado, broccoli, cabbage, bananas, tomatoes
- **Active feeding/responsive feeding:** Make meal times a relaxed and happy time for the child while encouraging and not forcing them, for example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, say encouraging words
- Add small amounts of oil to your baby's food.
- Give your child some safe drinking water.
- Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses.
- Give your child 2-3 cups (250mlscup) of milk
- Add small amounts of iodized salt
- Provide your child with safe drinking water
- Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste

Complementary feeding for 12-23 months

Card
24



Summarise the discussion using the notes below

12- 23 months

- Continue breastfeeding your baby on demand both day and night milk supplies a third (1/3) of baby's need. Breastfeeding should take place before meals
- A young child needs to learn to eat: encourage and give help with lots of patience when giving complementary foods.
- Early health care seeking for treatment/management prevents complications
- At this age, some of the young children are able to walk.

THINK! Frequency, Amount, Thickness, Variety, and Active feeding/ Responsive feeding, Hygiene

- **Frequency:** Feed your baby complementary food 5 times a day (3 meals and 2 snacks) snacks may be, ripe banana, mangoes, boiled potatoes etc
- **Amount:** Give your child 1 cup of the 250ml cup per meal. Use a separate plate to serve babies food to make sure the young child eats all the food given.
- **Thickness:** Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably.
- **Variety:** Include at least four food groups from any of the 7 food groups per day.
 - Grains, grain products and starchy foods e.g. maize, sorghum,

- millet, green bananas, potatoes, rice, pasta etc
- Legumes and nuts e.g. all types of beans, lentils, ground nuts, macadamia nuts
- Flesh or animal source foods e.g. meat, eggs and
- Dairy and dairy products e.g yogurt, cheese and fermented milk
- Eggs
- Vitamin A rich fruits and vegetables e.g. Pawpaw, mangoes, passion fruit, carrots, pumpkins, green leafy vegetables etc
- Other fruits and vegetables e.g. Avocado, broccoli, cabbage, bananas, tomatoes

- **Active feeding/responsive feeding:** Make meal times a relaxed and happy time for the child and encourage the child to feed for example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, use encouraging words. Do not force them to feed.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhoea and other illnesses
 - Give your child 2-3 cups (250mlscup) of milk
 - Add small amounts of iodized salt
 - Provide your child with safe drinking water
 - Enrich the baby's food by adding locally available foods e.g. avocado, peanut paste

Feeding children 24-59 months

Card 25



Republic of Kenya
Ministry of Health



Summarise the discussion using the notes below

24-59 months

- Give your child Care and affection during the earliest years as it will help your child to thrive.
- At this age some of the young children are able to talk

The child has increased energy needs and nutrient requirements. A growing child needs 2-4 meals a day plus 1-2 snacks if hungry: give a variety of foods Encourage physical activity

THINK! Frequency, Amount, Thickness, Variety, Active feeding/ responsive feeding and Hygiene

- **Frequency:** Feed your child 5 times (3 meals and 2 snacks) snacks may be, ripe banana, mango, boiled potato etc.
- **Amount:** Give your child at least 1 ½ -2 cups 250ml of food
- **Variety:** Include at least four food groups from any of the 7 food groups per day.
 - Grains, grain products and starchy foods e.g. maize, sorghum, millet, green bananas, potatoes, rice, pasta etc
 - Legumes and nuts e.g. all types of beans, lentils, ground nuts, macadamia nuts
 - Flesh or animal source foods e.g. meat, eggs and
 - Dairy and dairy products e.g yogurt, cheese and fermented milk
 - Eggs
 - Vitamin A rich fruits and vegetables e.g. Pawpaw, mangoes, passion fruit, carrots, pumpkins, green leafy vegetables etc
 - Other fruits and vegetables e.g. Avocado, broccoli, cabbage, bananas, tomatoes
- **Active feeding/responsive feeding:** Make meal times a relaxed and happy time for the child while encouraging and not forcing them, for example clap your hands, make funny faces, and demonstrate opening your own mouth very wide, say encouraging words.
- **Hygiene:** Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses
 - Give your child 2-3 cups of milk of the 250-ml cup
 - Add small amounts of salt and oil
 - Provide your child with safe drinking water
 - Encourage physical health

Ask participants if they have any questions or seek clarification

Activity 2

Discuss how to feed a non-breastfed child 6- 23 months (15 minutes)

Participants discuss card number 26- the non-breastfed child

Non-breastfed children from 6-23 months

Card 26

Republic of Kenya
 Ministry of Health

6 months	7 - 8 months	9 - 11 months	12 - 23 months
Morning: Mid morning: Noon: Night:	Morning: Mid morning: Noon: Night:	Morning: Mid morning: Noon: Evening: Night:	Morning: Mid morning: Noon: Evening: Night:
Each day add:	Each day add:	Each day add:	Each day add:

Step 1: Ask participants to briefly look at the card for one minute

Step 2: Ask the participants to share in plenary what they have observed from the card

Summarise the discussion using the notes below

Non breast fed child 6-23 months

- Give your child care and affection during the earliest years as it will help your child to thrive.
- Non-breast-fed babies require extra meals and milk in order for them to continue growing stronger and healthy. Milk continues to be a very important part of the baby's diet.

THINK! Frequency, Amount, Thickness, Variety, Active feeding/ responsive feeding and Hygiene

- **Frequency:** Feed the number of times a day for age specific babies, use separate bowl to feed the baby to make sure he/she eats all the food given
- **Amount:** At 6 months start with 2 tablespoons at each feed and increase to 3 tablespoons in the 3rd to 4th week. Baby needs time to get used to new food, give 3-4 cups of milk
 - 7- 8 months feed the baby 3 times a day add one snack depending on appetite, one extra meal and 1-2 cups of milk
 - 9-11 months feed the baby 3 meals and 2 snacks provide 1-2 extra meals and 1-2 cups of milk depending on the baby's appetite

- 12-23 months feed baby with 3 meals and 2 snacks and an extra 1-2 meals and 1-2 cups of milk
- **Thickness:** should be thick enough not to run off the spoon at 6 months of age, as the child gets older modify the foods same way as the breastfed child. Begin with the staple foods like porridge (corn, wheat, rice, millet, and sorghum), pureed banana or potato. When making porridge flour only mix 2 cereals not more
- **Variety:** Variety: Include more variety as the child gets older same way as the breastfed child.

Include at least four food groups from any of the 7 food groups per day.

- Grains, grain products and starchy foods e.g. maize, sorghum, millet, green bananas, potatoes, rice, pasta etc
- Legumes and nuts e.g. all types of beans, lentils, ground nuts, macadamia nuts
- Flesh or animal source foods e.g. meat, eggs and
- Dairy and dairy products e.g yogurt, cheese and fermented milk
- Eggs
- Vitamin A rich fruits and vegetables e.g. Pawpaw, mangoes, passion fruit, carrots, pumpkins, green leafy vegetables etc
- Other fruits and vegetables e.g. Avocado, broccoli, cabbage, bananas, tomatoes

- **Active feeding/responsive feeding:**

Don't force your baby to eat, rather encourage the child to eat with lots of patience

- **Hygiene:**

Good hygiene (cleanliness) is important to avoid diarrhea and other illnesses. Wash hands with soap and water at all critical times

- Give the child small sips of safe drinking water, as the child gets older offer 2-3 cups of safe drinking water in temperate climate and 4-6 cups in hot climate

Key things to remember when feeding a non-breastfed child:

Non -breastfed children:

- Should have essential fatty acids in their diet – from animal-source foods, fish, and avocado, vegetable oil, and nut pastes.
- Should have adequate iron. If they are not receiving animal-source foods, then fortified foods or iron supplements should be considered.



Activity 3

Conducting a drill

(20 minutes)

Participants stand for a drill

- As you talk with caregivers, a frequent question you are asked may be how much and how often to give food.
- To practice these amounts, we will now do a drill. A drill is not a test. It is a way to help you learn to recall the amounts with speed and confidence.

Step 1: Ask participants to stand for a drill, reassure the participants that this is not a test but a way to help them remember the quantity and frequency of foods to give and is not meant to embarrass anyone

Step 2: Tell participants that you shall mention a child's age and they will respond by giving the amount and frequency of food for that age.

Step 3: Tell participants that all of them will have an equal opportunity to respond as you will sequentially ask the questions

Step 4: Tell participants that when a participant answers correctly he/she shall sit down. If he/she cannot answer or answers incorrectly, he/she remains standing.

Step 5: When the correct answer is given, the trainer will say a different age of child and goes to the next participant until all participants are done.

Step 6: Congratulate participants as they improve in their ability to answer correctly or more quickly. If the group is very large, this drill can be conducted in the smaller groups with the trainer for each group asking the questions.

Step 7: The drill ends when all the participants have had an opportunity to answer and when you feel they are answering with confidence. You can repeat the ages if needed to give everyone enough opportunities to practice. Thank participants for their participation.

Step 8: The participants who remained standing can be asked to sing a song or dance before they sit. This may be used as a form of energizer before the next session.

Drill: Amounts to Give

Age of child	Frequency	Amount at each meal
6 months 2 days	Two times per day	2 tablespoonful's
22 months	Three meals 2 snacks	1cup
8 months	Three meals per day	½ cup
12 months	Three meals and 2 snacks	1 cup
7 months	Three meals per day	½ cup
15 months	Three meals and 2 snacks	1 cup
9 months	Three meals and 1snack	¾ cup
13 months	Three meals and 2 snacks	1 cup
19 months	Three meals and 2 snacks	1 cup
11 months	Three meals and 1 snacks	¾ cup
21 months	Three meals and 2 snacks	1 cup
36 months	Three meals and 2 snacks	1½ to 2 cups
3 months	A trick question!	Only breastfeeding

Resource notes

Amounts to offer			
Age	Texture	Frequency	Amount of food an average child will usually eat at each meal
At 6 months	Start with thick porridge, well mashed foods Thick enough not to run off the spoon	2 times a day plus frequent breast feeds	2 table spoon each feed increase to 3 table spoons in the 3rd to 4th week
7-8 months	Mashed/pureed family foods, by 8 months your baby can begin eating finger food.	3 meals per day plus frequent breastfeeds	Increase amount gradually to half ($\frac{1}{2}$) cup (250ml cup). Use a separate bowl for the child
9-11 months	Finely chopped or mashed foods, and foods that baby can pick up	Feed your baby complementary foods 4 times a day (3 meals and 1 snack) snacks may be, ripe banana, mango boiled potato etc. Plus breastfeeds	As the child grows increase the amount of food. Give ($\frac{3}{4}$) cup (250 ml cup) daily family food. Use a separate plate to serve the babies food.
12-23 months	Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably.	Feed your baby complementary foods 5 times a day (3 meals and 2 snack) snacks may be, ripe banana, mango, boiled potato etc plus breast feeds	Give your child 1 cup of 250ml cup. Use a separate plate to make sure young child eats all the food given.
24-59 months	Cut food into small, soft pieces so that your child can pick, chew and swallow comfortably.	Feed your baby 5 times (three meals and 2 snacks) ripe banana, mango, boiled potato are examples of some of the snacks a baby can be offered	Give your child 1½ -2 cups of 250ml cup. Use a separate plate to make sure young child eats all the food given.
If baby is not breastfed, give in addition: 1-2 cups of milk per day, and 1-2 extra meals per day.			

Summarize session

(3 minutes)

Ask participants if they have any questions or if there are points you can make clearer.

Session 4

Food modification, fortification and meal preparation

Participants will learn on food modification, fortification and meal preparation.

Objectives

After completing this session participant will be able to:

1. Describe modification of complementary foods for various age groups
2. Identify fortified foods for preparation of complimentary foods
3. Demonstrate the amount, variety and texture/consistency to offer for different age categories
4. Demonstrate home fortification of complementary foods using MNPs
5. Demonstrate responsive feeding technique
6. Demonstrate the use of the counseling card in a role play

Duration: 1 hour 45 minutes

Methodologies: Lecture, Demonstrations, discussion, buzzing, group work, brainstorming,

Materials: Flip charts, mark pens, masking tapes, counselling card, bowl (250 mls), fortified food samples, handout on fortification logo, MNP powder, counselling card 27, MNP policy, variety of cooked foods enough to make a child size bowl full for 5 groups, 5 plates, 5 spoons, 5 forks, 5 knives, chopping board, grater, calibrated jug, hand washing facilities, serviettes, finger foods or cooked foods,

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
25 minutes	Modifying complementary foods for various age groups	Brainstorming, group work, lecture, group discussion	Flip charts, mark pens, masking tapes, counselling card number 28
15 minutes	Use of fortified complementary foods	Lecture, discussions, brain storming	Flip charts, mark pens, bowl, fortified foods' samples, handout on fortification logo
15 minutes	Use of Micro-Nutrient Powders(MNPs)	Lecture, discussions, brain storming	Flip charts, mark pens, MNP powder, counselling card 27, MNP policy
30 minutes	Amount, variety, texture / consistency to offer for different age group	Lecture, discussions, brainstorming, demonstration	Variety of cooked foods enough for 5 groups, 5 plates, 5 spoons, 5 forks, 5 knives, chopping board, grater, calibrated jug, hand washing facilities, serviettes, hand out-PREPARING A YOUNG CHILD'S MEAL

15 minutes	Responsive feeding technique	Lecture , brainstorming, discussions, roleplays (prepare participants before session starts), buzzing	Counselling card 29, flip charts, mark pens, finger foods or cooked foods, spoons, serviette, hand washing facilities
3 minutes	Session summary		

Introduce the session

- In previous sessions we have discussed different aspects of complementary feeding including quantity, variety, frequency, amount, texture and hygiene.
- In this session, we shall discuss how to modify complementary foods for various age groups, and make them easier for the infants to eat
- How to use Multiple micro Nutrient Powders (MNPs).
- We will also demonstrate how to measure the correct amount of food to offer to children of different ages categories between 6-23 months using locally available cooked foods

Activity 1

Modifying complementary foods for various age groups

(25minutes)

Step 1: Ask participants to turn to counselling card 28

Step 2: Ask participants to buzz in groups of 3 and say what they see on the card

Step 3 : List their responses on a flip chart

Summarize using the notes below

Counselling card 28

- It is important for the baby to try different textures as he/ she grows. This helps the baby to learn to chew, swallow and enjoy the same food the family is eating.
- Making baby food is a simple and inexpensive way to feed the baby. It allows mothers/caregivers to offer textures that are just right for baby's needs and abilities
- The texture of a child's food should be modified as they grow.
- Foods should be cooked until soft and allowed to cool before cutting them into small chunks to purée or mash
- Start with pureed texture. A baby needs pureed food only for a short time. Between 6 and 7 months, baby can progress from purees to well-mashed and soft-cooked finger foods.
- Baby food can be made from the family's daily menu as texture can be changed by mincing, mashing, shredding, finely grating, among other ways. Examples of food modification are:
 - Shredding meat into smaller pieces using a chopping board.
 - Use of clean hands to mash fish

- Use of a fork or spoon to mash eggs
- Increase and vary food textures to help baby develop. Babies adapt quickly moving from pureed and finely mashed foods to lumpy foods.

Activity 2

Use of fortified complementary foods

(15 minutes)

- At times, vitamins and minerals may be lost during processing both at industry and household level, during storage, preparation and cooking.
- We will now discuss the Kenyan guidelines on food fortification

Step 1: Ask participants if they have heard about food fortification

Summarise the discussion using the notes below

- Food fortification is the practice of intentionally increasing the content of important micronutrients, (vitamins and minerals) - in a food so as to improve the nutritional quality of the food.
- Food fortification also provides a public health benefit with minimal risk to health.
- Food fortification has many benefits some of which are;
 - Prevention or minimization of the risk of occurrence of micronutrient deficiency in a population or specific population groups.
 - Contribution to the correction of a demonstrated micronutrient deficiency in a population or specific age group
 - A potential for an improvement in nutritional status and dietary intakes that may be, or may become, suboptimal as a result of changes in dietary habits/lifestyles.
- In Kenya, there are fortified complementary foods available.

Step 2: Ask participants which products they know that are fortified?

Step 3: Facilitator shows participants samples of fortified food products

Food vehicle	Added Micronutrients
Table salt	Iodine
Maize and wheat flour	Iron, Zinc, Vitamin B1 B2 B12, Niacin, Folic acid
Fats and oils	Vitamins A, D, E

Summarise the discussion using the notes below

- The Food, Drugs and Chemical Substances Act requires all packaged wheat flour, maize meal, and edible fats and oils to be fortified with vitamins and minerals.
- Labelling of fortified products is done in accordance with the Act relating to food fortification
- You can easily identify fortified foods in the market using the MOH fortification logo

Step 4: Refer participants to the handout on fortification logo



Step 5: Pass the food samples to the participants and ask them to identify the fortification logo on the food products

Summarise the discussion using the notes below

- It is therefore important to encourage mothers and caregivers to look out for foods with the logo as they are fortified with essential vitamins and minerals good for both their health and that of their babies

Ask participants if they have any questions or seek clarification

Activity 3

Use of Micro Nutrient Powders (MNPs)

(15 minutes)

- We have discussed commercially available fortified foods.
- We will now look at how to do home fortification by adding MNPs to complementary foods

Step 1: Ask participants if they have heard about or seen MNP sachets and wait for a few responses

Step 2: Show the participants a sample of the MNP sachet
Summarise the discussion on MNPs using the notes below

- This powder is a mixture of 15 essential Vitamins and Minerals that young children need for improved nutrition.
- MNPs are added directly to soft mashed or semisolid cooked foods prepared at home to improve the nutritional quality of foods for young children.
- Most of the complementary foods do not provide enough micronutrients
- The high prevalence of micronutrient deficiencies is largely due to low dietary diversity affordability and availability)
- Poor bio availability of micronutrients due to absorption inhibitors, especially in plant source based diets can also lead to micronutrient deficiencies

Target

Children 6-23 months



Discuss benefits of MNPs using the notes below

- **Benefits of using MNPs** : Use of MNP's for home fortification has been shown to have an impact on the micronutrient status of children 6-23 months.

Micronutrient Powder helps to:

- Improve the body's immune system.
- Improve a child's appetite.
- Improves a child's ability to learn and develop.
- Makes children healthy, strong and active.
- Prevents vitamin and mineral deficiencies.

Adding micronutrient powders (MNPs) to complementary foods

Step 3: Ask participants to open counselling card 27 and buzz in threes and say what they see

Card 27

Adding Micronutrient Powders (MNPs) to complementary foods

Republic of Kenya
Ministry of Health

1 sachet every 3rd day for 1 child							
Day	1	2	3	4	5	6	7

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Discuss use of MNPs using the notes below

Procedure for adding micronutrient powders (MNPs) to complementary foods

- Serve the baby's food in a bowl
- Pull aside a portion of the food (2-3 tablespoons)
- Add the MNP powder to that portion only and mix well.
- Feed the baby on that portion first so that they finish within half an hour.

NOTE:

- A diet of foods with inadequate micronutrients will lead to poor health and development of young children from 6 up to 24 months of age.
- The single serving sachets allow families to fortify a young child's food at an appropriate and safe level.

Dos and DONTs OF MICRONUTRIENTS POWDER

DOs	DONTs
<ul style="list-style-type: none"> • One sachet of MNP should be mixed with a portion of food for one child every third day 	<ul style="list-style-type: none"> • A child should not take more than 1 sachet of MNP per day.
<ul style="list-style-type: none"> • They should be mixed in warm semi-solid foods. 	<ul style="list-style-type: none"> • MNPs powder should not be added in hot or liquid foods as this interferes with availability of the micronutrients
<ul style="list-style-type: none"> • MNP should be added at the meal the child likes the most. 	<ul style="list-style-type: none"> • One MNP sachet should not be shared with other children.
<ul style="list-style-type: none"> • Once MNP is added into food, the food should not be kept for more than 30 minutes as this leads to altered taste and colour of food 	<ul style="list-style-type: none"> • Children who are receiving Therapeutic or supplementary Foods should not be given MNPs as those foods already contain the micronutrients.
	<ul style="list-style-type: none"> • Do not give MNPs to a child with fever and who is being treated for an active infection.

Participants discuss the possible side effects of using MNPs

Summarise using the notes below

- Side effects from MNPs are minimal, usually harmless and of short duration.
- They include:-
 - Change of colour of stool: Dark stool indicates that iron is being absorbed into your child's body
 - Change in consistency of stool: A child may have softer stools or a mild form of constipation during the first 4-5 days
- Accidental overdosing is highly unlikely. In order to reach toxicity levels as many as 20 sachets would have to be consumed.
- Use of MNPs complements vitamin A supplementation, but does not replace it. Both are needed. MNPs have also been shown to improve appetite and infant feeding practices

Activity 4

Amount, variety, texture/consistency to offer for different age groups

(30 minutes)

- From previous sessions we have learnt about the frequency, variety, texture, amount and consistency of complementary foods.
In this session we will practice how to prepare a young child's meal in groups

Step 1: Divide participants into 4 groups: (Group 1, 2, 3 and 4)

Step 2: Ask participants to sit in their groups.

Step 2 : Facilitator explains the exercise:

- (Assign each group a child's age - Group one 7 ½ months, Group two 10 months, Group three 18 months and group four 23 months)
- Ask the members in each group to think of the foods available to families in the area that could be used to make a meal for a young child
- In this exercise, try to use foods that would be eaten in an average family meal in your area. .

Step 4: Have 4 copies of the annex on PREPARING A YOUNG CHILDS MEAL for each of the groups as you shall use it to assess the foods they serve (use resource notes provided)

Step 5: Allow seven minutes for groups to decide on the meal, and modify as per the need of the age group provided considering quantity, variety and texture.

NB:

- *They are not allowed to 'test' the size of the meal during preparation.*
- *They must wait until they have finished to see if they have judged correctly.*
- *See box on quantities of food to offer a young child for a meal (used in the previous session)*

Step 6: Trainers move around groups to observe how the activity is going on while offering help as needed.

Step 7: Ask participants to come together around a table and ask each group in turn to explain their meal:

- Why they chose those foods
- Why they prepared it in the way they did (mashed finely, chopped, etc.)
- What is the consistency is - test with a spoon?
- Is the texture correct for the age?
- Any additional foods they would have included that are not available

Step 8: Facilitator gives the group the 250 ml container to measure the amount of food they prepared for their child so as to answer the following questions

- Is it the correct amount for a child of that age?
- How many meals of this size does a child of this age need each day?
- Ask the whole group: Any questions you could ask this group?
- Wrap up the discussion with your observations
- Thank the group members for the exercise

Step 10: Repeat so each group has the opportunity to explain and discuss their meal.

Annex on: PREPARING A YOUNG CHILD'S MEAL		
Group:		
Age of child	Achieved (Yes/No)	Comments
Food groups:		
Grains, grain products and other starchy foods such as sorghum, maize. Spaghetti, rice cassava, white fleshed sweet potato, bread, etc		
Legumes and nuts (beans, lentils, green grams, cow peas, pea nuts e.tc		
Flesh foods (beef, goat)		
Dairy and dairy products (fresh milk, yoghurt, cheese, etc)		
Eggs		
Vitamin A rich fruits and vegetables (e.g. pumpkin, carrots, orange flesh sweet potatoes, green leafy vegetables, yellow orange coloured fruits		
Other fruits and vegetables such as oranges, pineapples, passion fruits		
Consistency/Texture		
Amount		
Prepared in a clean and safe manner		

Resource notes

As the participants are conducting the practical, walk around and note on the specific age of child. :

1. If they washed their hand before starting the practical and tick (√) in their form on the achieved column
2. As the groups present assess on the number of food groups they have used and tick (√) in the relevant column
3. As the groups present check and tick (√) on the relevant column if they have achieved the correct:
 - a) Texture/Consistency as per the age given
 - b) Amount as per the age given
4. When the group finishes to present, measure their food (using the 250mls cup) and tick (√) on the relevant column if they have achieved the correct amount
5. Use the form assigned for each group to summarize groups presentation

Summarise using the notes below

- In the previous session we learnt about food modification and fortification.
 - We have just concluded an exercise on preparing a young child's meal.
 - We will now learn how to add MNPs to a child's food.
- We will do this by using the foods we have already served for our child

Participants gather around one table to conduct a demonstration on adding MNPs to a child's food

Step 1: Ask participants to gather around the demonstration table

Step 2: Ask one participant who has been demonstrating this at facility level to demonstrate or plan to do it yourself.

Step 3: Wash hands with soap and running water.

Step 4: Separate a small portion of the soft or mashed semi-solid cooked food within the child's bowl.

Step 5: Shake the unopened sachet to ensure that the powder is not clumped and check on the expiry date

Step 6: Tear open the sachet and pour the entire contents into the small portion of food so that the child will eat all of the micronutrients in the first few spoonfuls

Step 7: Mix the sachet contents and the small portion of food well

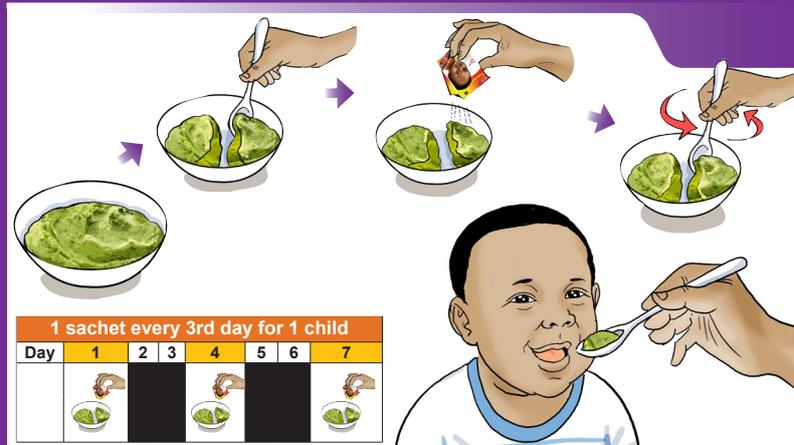
Step 8: Give the child the small portion of food mixed with MNPs to finish, and then feed the child with the rest of the food.

Step 9: Ask participants to take their seats and turn to counselling card 27 for pictorial illustration and call the participants attention to notice that the MNPs are given every third day for each child

Adding Micronutrient Powders (MNP) to complementary foods



Card
27



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Activity 5

Responsive feeding technique

(15 minutes)

Participants observe and discuss role plays

- In previous sessions we have discussed variety, frequency, amounts texture of food to offer to children 6-59 months
- Now we will learn various feeding techniques that mothers use to feed children.
- To help understand feeding techniques we are going to do some demonstration. You will be required to observe each one of them.

Step 1: Ask two participants whom you prepared to give demonstrations to come forward **(One participant plays the part of a child aged 18 months and the other participant the 'caregiver')**

Step 2: Ask the rest of the participants to observe the role play

Step 3: Begin with the controlled feeding role play

Controlled Feeding

- The 'young child' is sitting next to the caregiver (or on the caregiver's knees).
- The caretaker prevents the child from putting his/her hands near the bowl or the food.
- The caregiver gives food into the child's mouth.
- If the child struggles or turns away, he is brought back to the feeding position.
- Child may be slapped or forced if he does not eat.
- The caregiver decides when the child has eaten enough and takes the bowl away.

Step 4: Ask participants what style of feeding they saw?

Step 5: Uncover the flip chart written 'controlled feeding'

Summarise using the notes below

- This is an example of controlled feeding. Children may not learn to regulate their intake, which may lead to obesity and food refusal later.
- The 'child' may feel eating is very frightening and uncomfortable. He/she may feel scared.
- Now let us see another way of feeding a young child.

Step 6: Ask participants to observe another role play: *leave to themselves*

Leave to Themselves

- The 'young child' is on the floor, sitting on a mat.
- Caregiver puts a bowl of food beside the child with a spoon in it.
- Caregiver turns away and continues with other activities (nothing too distracting for those watching).
- Caregiver does not make eye contact with the child or help with feeding.
- Child pushes food around the bowl, looks to caregiver for help, eats a little, cannot manage a spoon well, he tries with his hands but drops the food, he gives up and moves away.
- Caregiver says, "Oh, it seems you are not hungry" and takes the bowl away.

Step 7: Ask participants what style of feeding they saw

Step 8: Ask: At what age do caregivers in your community expect young children to eat by themselves?

Step 9: Uncover the flip chart written 'leave to themselves'

Summarise using the notes below

- This is an example of feeding by leaving children to do it themselves. If the child has a poor appetite or is too young to manage the skills of eating, this can result in malnutrition.
- The 'child' may feel eating is very difficult. He may be hungry or sad
- A child's ability to pick up a piece of solid food, hold a spoon, or handle a cup increases with age and practice.
- Children under two years of age need assistance with feeding. However, this assistance needs to adapt as the child grows, while the care giver provides opportunities for the child to feed themselves.
- A child may eat more if he is allowed to pick up foods with his newly learned finger skills from about 9-10 months of age.
- The child may be at least 15 months old before he can eat a sufficient amount of food by self-feeding. At this age, he is still learning to use utensils and will still need assistance.

Step 9: Ask participants to observe another role-play: *Responsive feeding*



Responsive Feeding

- Caregiver washes the child's hands and her own hands and then sits level with child.
- Caregiver keeps eye contact and smiles at child. Using a small spoon and an individual bowl, small amounts of food are put to the child's lips and child opens his mouth and takes it a few times.
- Caregiver praises child and makes pleasant comments – “Aren't you a good boy/girl”, “Here is lovely dinner” while feeding slowly.
- Child stops taking food by shutting mouth or turning away. Caregiver tries once – “Another spoonful of lovely dinner?” Child refuses and caregiver stops feeding.
- Caregiver offers a piece of food that child can hold - bread crust, a piece of food item from the family pot or something similar. “Would you like to feed yourself?” Child takes it, smiles and sucks/munches it.
- Caregiver encourages “You want to feed yourself, do you?”
- After a minute, the caregiver offers a bit more from the bowl. Child starts taking spoonfuls again.

Step 10: Ask participants: How did the child feel this time about feeding?

Step 11: Ask the 'child' too what they felt this time.

Summarise using the notes below

- The child may feel happy about eating. He may like the contact and the praise and enjoy feeding himself.
- In this last demonstration, the caregiver was feeding the child in response to the child's cues.
- The child's cue or signal that he is hungry may include restlessness, reaching for food, or crying.
- Cues or signals that he does not want to eat more may include turning away, spitting out food or crying.
- Caregivers need to be aware of their child's cues, interpret them accurately, and respond to them promptly, appropriately and consistently.

Step 12: Ask participants what style of feeding they saw in the last demonstration?

Step 13: Ask participants what good practices they saw in the last demonstration that we could encourage?

Step 14: List their responses on the flip chart.

Step 15: Ask participants to open counselling card number 29 and ask them to identify some of the responsive feeding behaviours demonstrated by the care giver

Responsive feeding



Card
29



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Step 16: Uncover the third Responsive Feeding Practice on the flip chart. Summarise the concept using the notes below

Responsive Feeding Techniques

- Responsive feeding practice encourages care providers to talk to children during feeding with eye-to-eye contact.
- Feeding times are periods of learning and love. Children may eat better if feeding times are happy.
- Feed when the child is alert and happy. If the child is sleepy or over-hungry and upset, he may not eat well.
- Have regular meal times and focus on eating without distractions, this may also help a child to learn to eat.
- When you talk with a caregiver, ask who feeds the child.
- Children are more likely to eat well if they like the person who is feeding them.
- Give positive attention for eating not just attention when eating poorly.
- Older siblings may help with feeding but may still need adult supervision to ensure the young child is actively encouraged to eat and that the sibling does not take his food.

Participants discuss on how a child learns to eat and drink

Summarise the discussion using the notes below

- When a child is learning to eat, he often eats slowly and is messy. He may be easily distracted.
- He may make a face, spit some food out, and play with the food. This is because the child is learning to eat.
- Children need to learn to eat. Eating solid foods is a new skill and, at first takes lots of patience to teach.

- The child needs help and time to develop this new skill, to learn how to eat, to try new food tastes and textures.
- At first, the young child may push food out of his mouth. This is because they do not have the skill of moving it to the back of their mouth to swallow it.
- If you are going to counsel a mother on complementary feeding, you need to find out what her child is eating.

Summarize the role play using the notes below

- From the role play we have observed the actors apply a variety of skills including:
 - I. Use of counselling cards
 - II. Listening and learning skills
 - III. Building confidence and support skills
- It is useful for you - community health volunteers - to continue practicing using the counselling cards to help mothers overcome difficult situations during home visits, mother support groups and community meetings
- Food demonstration for complementary feeding should be encouraged at community level and can be carried out individually or in groups in the community.
- A group demonstration reaches more families and can help to reinforce optimal complimentary feeding practices.
- Using fortified foods helps to meet micronutrient requirements of children and home fortification with MNPs should be encouraged for children 6-23 months.

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification (3 minutes)

6

UNIT 6

BREAST MILK SUBSTITUTES (REGULATION AND CONTROL) ACT, 2012

The unit is intended to orient the participants on BMS (Regulations and Control) Act, 2012 and clearly communicate their roles in the implementation of the Act.

Objectives

After completing this session, participants will be able to:

1. Describe the BMS Act, its aim and rationale
2. Name the designated products
3. State main provisions of the BMS (Regulations and Control) Act, 2012
4. Describe different types of violations
5. Explain participants' roles in the implementation of the BMS Act

Duration: 40 Minutes

Methodologies: Facilitative lecture, buzzing, brainstorming, questions and answers

Materials: Flip charts, Marker pens, masking tape, handouts on main BMS provisions and types of violations

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Introduction	Interactive lecture	
5 minutes	Describe the BMS Act, its aim and rationale	Brainstorm, lecture	Stationery
5 minutes	The designated products	Brainstorming, Q&A	Stationery, handout
10 minutes	Main provisions of the BMS (Regulations and Control) Act, 2012	Buzz groups, lecture	Hand out, stationery
10 minutes	Types of violations	Q&A, brainstorming	Hand out, stationery
5 minutes	Participants roles in implementation of the BMS Act	Q&A, lecture	Hand out, stationery
3 minutes	Sessions summary	Interactive lecture	

Introduce the session

(2 minutes)

In line with global laws to protect, promote and support breastfeeding, Kenya developed a national law - The Breast Milk Substitutes (Regulation and Control) Act, 2012 for regulating the marketing of breast milk substitutes, bottles and teats.

Activity 1

The Breast Milk Substitutes (Regulation and Control) Act, 2012; aim and rationale (5 minutes)

Participants will learn the importance of the BMS Act, its aim and rationale

Step 1: Ask participants what they know about the Breast Milk Substitutes (Regulation and Control) Act, 2012

Summarize with the notes below

The BMS Act, 2012

- The BMS Act 2012 is a Kenyan law on control of use and sale of breastmilk substitute
- Kenya is one of the signatories to the Innocenti declaration signed in Italy in 1981, Kenya committed to protect, promote and support breastfeeding through regulating the marketing of breast milk substitutes, bottles and teats. As Kenya commitment to the innocent declaration a national law was enacted in 2012 to give effect to the code. That law is the Breast Milk Substitutes (Regulation and Control) Act, 2012
- The Act gives restriction on advertisement, promotion, labelling of packaging, educational and information materials (Part III).

Aim of the Act

The BMS Act is an Act of parliament whose principle objective is:

- To provide for appropriate marketing and distribution of;
 - Breast milk substitutes
 - Complementary foods marketed for children older 6 months
 - Bottles, teats, pacifiers and cups with spouts
- To promote safe and adequate nutrition for infants through the promotion of breastfeeding
- To guide on proper use of BMS where necessary and for connected purposes

Rationale of BMS Act, 2012

Nearly all mothers are able to breastfeed and will do so if they have accurate information and support.

The direct influence from breast milk substitutes' manufacturers and distributors – through marketing strategies such as; **advertisements, information packs and sales representatives and; indirect influence through public and private health systems...** may overwhelm mothers with incorrect and biased information that undermines breastfeeding

Activity 2

List of the designated products.

(5 minutes)

Participants will learn what the designated products are as per the BMS (Regulation and Control) Act, 2012

Step 1: Explain to the participants what designated products are:

Any product that undermines breastfeeding that is sold or marketed to mothers with children less than 6 months

Step 2: Ask participants to turn to handout on @DESIGNATED PRODUCTS

Step 2: Ask participants to take turns to recognize the designated products as you list them on a flip chart

Summarize using the notes below

Designated products:

The BMS Act classifies the following as designated products.

- Infant formula
- Feeding bottles
- Teats
- Follow-up formula for infants or children between the age of six months to twenty-four months;
- Products marketed or otherwise represented as being suitable for feeding infants of up to the age of six months
- Breast milk fortifiers
- Pacifiers
- Cups with spout
- Any other product the Cabinet Secretary may, by a notice in the Gazette, declare to be a designated product

Activity 3

Main provisions of the BMS (Regulations and Control) Act, 2012 (10 minutes)

The participants will understand the main provisions of the BMS (Regulations and control) Act, 2012

Step 1: Ask the participants to turn to handout on MAIN PROVISIONS of the BMS (Regulation and control) Act, 2012

Step 2: Ask participants to read out loud the points below in turns, clearly explaining each one.

10 Main provisions of the BMS (Regulations and Control) Act, 2012

1. No advertising of products under the scope of the Act to the public
2. No free samples to mothers
3. No promotion of products in health care facilities, including free or low-cost supplies.

4. No contact between BMS company representatives and families.
5. No gifts to health workers. Health workers should never pass products to mothers.
6. Information to health workers must be scientific and factual.
7. No words or pictures on the labels idealizing artificial feeding, including pictures of infants.
8. All information on artificial infant feeding must explain the benefits and superiority of breastfeeding and the costs and hazards of artificial feeding.
9. Unsuitable products, such as sweetened condensed milk, should not contain instructions on how to modify them for infant feeding.
10. Manufacturers and distributors should comply with the Breast Milk Substitutes Act which is now law.

Activity 4

Types of violations

(10 minutes)

The participants will acquaint themselves with types of BMS (Regulations and Control) Act, 2012 violations

Step 1: Ask participants to brain storm on forms of violations they may know

Step 2: List their responses down on a flip chart

Step 3: Ask participants to refer to handout on EXAMPLES OF VIOLATIONS and explain each of them

Step 4: Confirm that the CHVs are able to recognize a BMS violation in the course of their day-to-day work.

Activity 5

Roles in the implementation of the BMS Act

(5 minutes)

Participants will understand their roles in the implementation of BMS (Regulation and Control) Act, 2012

Step 1: Ask participants to brainstorm on the roles they can play in implementation of BMS (Regulations and Control) Act, 2012

Step 2: Wait for a few responses then summarize using the notes below

CHVs and level 1 health actors can support implementation of the BMS Act by;

- Sensitizing community members, entrepreneurs in their areas on the BMS Act, 2012 through existing platforms
- Proactively monitoring compliance to the Act and identifying any form of violation in the community
- Reporting any violations to the link facility, area Public health officer or CHEW
- Following up on reported violations to ensure enforcement of the Act by PHOs

Summarise the session

(3 Minutes)

Ask participants if they have any questions or seek clarification

7

UNIT 7

GROWTH MONITORING & PROMOTION AND EARLY CHILDHOOD DEVELOPMENT & STIMULATION

This unit is intended to orient participants on the importance of growth monitoring and Promotion, Early Childhood Development & Stimulation.

Session 1

Growth Monitoring and Promotion

Participants will be able to understand growth monitoring and promotion, demonstrate how assessment is done, classification and action points

Objectives

By the end of this session, participants will be able to:

1. Describe growth monitoring and promotion
2. Explain the importance of growth monitoring and promotion
3. Display the equipment's for anthropometric measurements and interpret growth charts
4. Demonstrate how to take measurements using a MUAC tape to Measure Mid Upper Arm Circumference
5. Describe the criteria for referral using MUAC
6. Describe the procedure of checking for oedema

Duration: 1 hour 30 Minutes

Methodology: Lectures, brainstorming, interactive presentations, buzz (2 to 3 participants), role play, group work, question and answer, discussions, and demonstrations.

Materials: Mother Child handbooks (All participants), Taring weighing scales, Salter scale and pants, Height/Length boards, MIYCN counselling cards – card number 38, MUAC tapes, Sisal ropes, Paper towel or soft cloth

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Introduce the session	Facilitative lecture	
10 minutes	Discuss growth monitoring and promotion	Discussion, Buzz group	Flip charts, marker pens

20 minutes	Importance of growth monitoring and promotion	Discussion lecture	Mother Child handbook, MIYCN counselling cards – no. 38
15 minutes	Display the equipment used for anthropometric measurements and interpretation of growth charts	Discussion Lecture demonstration	Taring weighing scales, Height/Length boards, Salter scale and pants, Sisal ropes. Paper towel or soft cloth, Mother Child handbook
25 minutes	Describe how to measure mid upper arm circumference using a MUAC tape	Group work Demonstration	MUAC tapes, handout, mark pens
10 minutes	Criteria for referral using MUAC	Lecture discussion	Handout, MUAC Tape
5 minutes	Checking for oedema	Lecture discussion	Handout
3 minutes	Session summary		

Activity 1

Introduction to growth monitoring and promotion

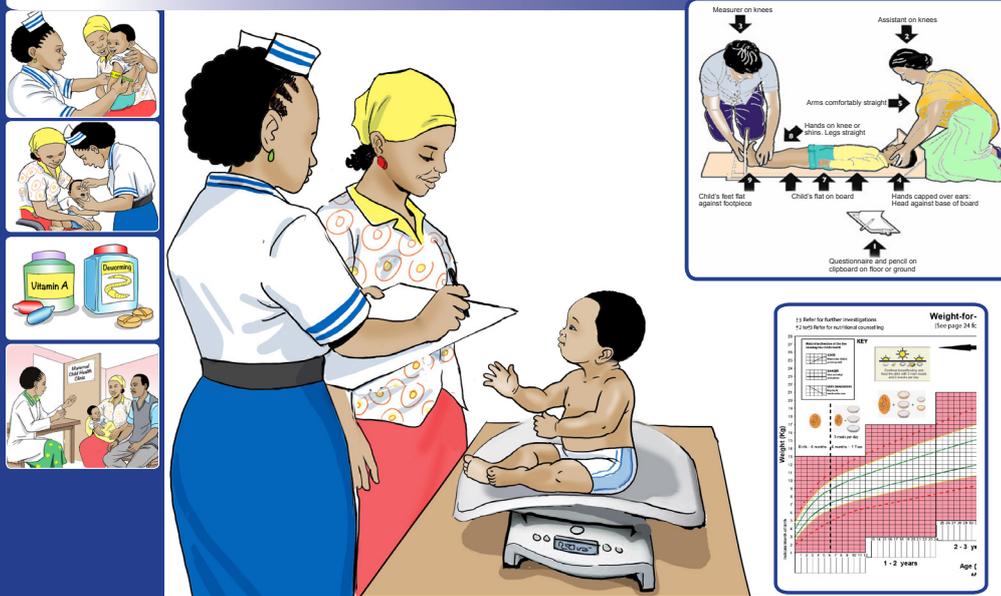
(10 minutes)

- This session is intended to orient participants on the importance of growth monitoring and promotion (GMP) and all that it entails e.g. taking weight, taking length/height and Mid Upper Arm Circumference (MUAC) in children every month.
- We will begin by learning what growth monitoring and promotion (GMP) entails.

Participants will be involved in learning how growth monitoring and promotion is done

Step 1: Ask participants to turn to card 38. Allow the participants to look at the card in twos for two minutes.

Growth monitoring and promotion



Card
38

Step 2: Ask participants to report on what they have observed from the card.

Step 3: List their responses on a flip chart

Summarize by showing the participants the mother child health handbook and using the notes below

- A healthy child who is growing well should always gain weight every month.
- Monthly growth monitoring and promotion sessions (GMP) includes:
 - Taking weight and length or height measurement for children <5years.
 - Taking MUAC for all children aged 6-59 months.
 - Health and nutrition education, including counselling on feeding children
 - Immunization for children 0-18 months
 - Vitamin A supplementation for children 6-59 months
 - Deworming for children above 1 year
 - Monitoring of developmental milestones
- This helps to monitor the child's growth and development
- It is important for measured weight and length/height to be recorded on the appropriate chart (boy or girl) in the mother child handbook

- normally done by health care worker
- MUAC reading should be recorded on the mother child handbook in the clinical notes section

Activity 2

Importance of growth monitoring and promotion

(20 Minutes)

Participants will learn the importance of Growth Monitoring and Promotion

Monitoring growth and development is an indicator or pointer to gauge health status of a child which is critical during the first five years.

Step 1: Ask participants to brainstorm on what they think is the importance of growth monitoring

Step 2: List their responses on the flip chart
Summarize using the notes below

IMPORTANCE OF GROWTH MONITORING AND PROMOTION

- The purpose is to determine whether a child is growing “normally” or has a growth problem or trend towards a growth problem that should be addressed.
- If a child has a growth trend that deviates from the normal standards, the health care provider should talk with the mother or other caregiver to determine the causes and intervene appropriately.
- In circumstances such as extreme poverty or emergencies, growth assessment aims at identifying children who need urgent intervention, such as therapeutic or supplementary feeds, to prevent death
- Children with excess weight should be referred for medical assessment and specialized management if these services are available. Non-severe problems can be managed through counselling, including age-appropriate advice on feeding and physical activity.
- Health promotion services including immunization, Vitamin A supplementation, and deworming
- Assess and educate on developmental milestones and child stimulation
- Health and nutrition education including counselling on child feeding and praising a child who is growing well

Ask if participants have any questions or seek clarification

Activity 3

Anthropometric equipment and interpreting growth charts

(20 minutes)

Participants will understand and practice the use of the different anthropometrics tools.

- We have learnt the importance of conducting growth monitoring for children.
- We will now learn the equipment used to measure the growth.
- This activity will enable us to identify the anthropometric equipment commonly used to take weight, measure length/height and then how to take MUAC measurements.
- We will also learn how to interpret growth charts

The participants will be able to see the anthropometric equipments used to take weight and height/length measurements

Step 1: Ask participants, to mention types of weighing scales used in their health facility.

Step 2: Wait for a few responses then show the ones you have provided for the session, and ask them to turn to the handout on anthropometric equipment

Step 3: Ask participants to turn to the growth charts hand out from the mother and child handbook.

Step 4: Facilitator explains to the participants the layout of the growth charts using the points below

- Growth is monitored through weighing children and taking their height/length regularly.
- The weights and heights are plotted on a growth chart in the mother and child handbook
- There are two growth charts in the mother child handbook. One for boys(blue) and one for girls(pink)
- Each growth chart has 2 sides one side is for recording Weight-for-Age while the other side is for recording height/length for age
- There are six printed lines (2 green, 2 yellow and 2 red) that run across the chart. (as shown in the growth charts in the MCH Handbook)
- These are called reference lines.

Weight -for-Age (underweight

- When a child's growth curve falls between the lower green and the upper green lines the child is growing normally
- When the child's growth curve falls between the lower green line and the lower yellow line, the child is growing normally but at risk of under nutrition (underweight).
- When it falls between the upper green line and the upper yellow line, the child is growing normally but at risk of over nutrition (overweight).
- When the child's growth curve for Weight-for-Age falls between



the lower yellow line and the lower red line, the child is moderately underweight. This child requires further screening refer to the health facility for support

- When the path falls between the upper yellow line and the upper red line (Weight-for-Age), the child is overweight.
- When it falls below the lower red line (Weight-for-Age), the child is severely underweight and requires further screening and admission to the relevant programme
- When the child's growth curve falls above the upper red line, the child is obese.
- EBF children may have Weight-for-Age above normal. Therefore it is important to reassure such mothers and encourage them to continue breast feeding their baby on demand.
- Children above 6 months that are overweight remember to take a feeding history 6-23 months and try and establish the amounts and variety of foods that the baby is receiving. Counsel the mother according to your findings
- Young children should not be put on a weight management programme. As the baby grows older encourage physical activities that other children same age are engaging in.

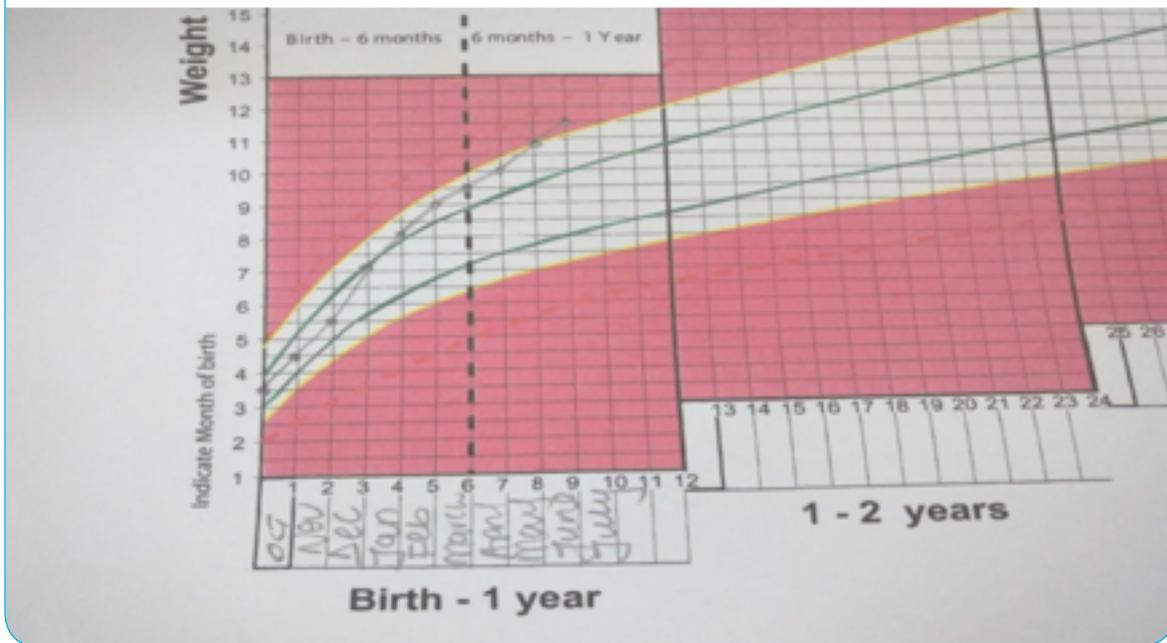
Length /Height- for- Age (stunting)

- Length /height -for-age reflect attained growth in the length or height at the child's age at a given visit.
- The indicator helps to identify children who are stunted (short) due to prolonged under nutrition or repeated illness.
- Excessive tallness may reflect uncommon endocrine disorders.

Explain to the participants how to interpret trends on plotted growth charts

Step 5: Ask participants to turn to their handouts on GROWTH CHARTS and buzz in threes and say what they see.

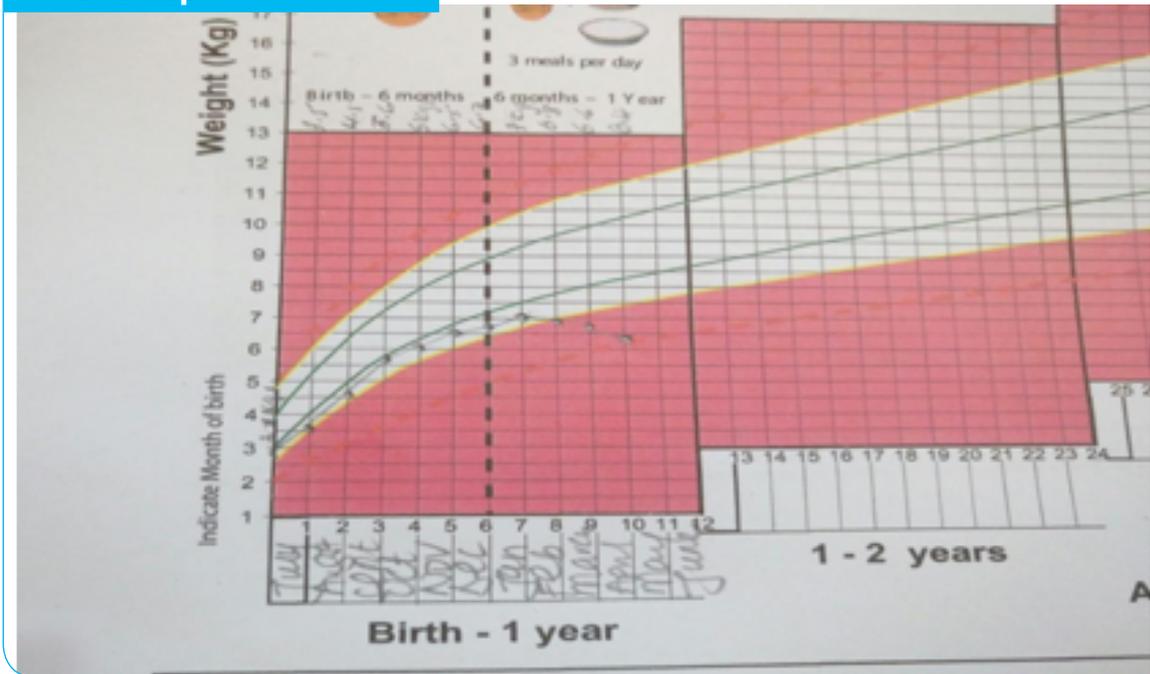
A: Sharp incline graph



Summarise the discussions using the notes below

- Any sharp incline or decline in a child's growth line requires attention.
- If a child has been ill or severely undernourished, a sharp incline is expected during the re-feeding period as the child experiences "catch-up" growth.
- Otherwise, a sharp incline is not good, as it may signal a change in feeding practices that will result in overweight.
- If a child has gained weight rapidly, look also at height. If the child grew in weight only, this is a problem.
- If the child grew in weight and height proportionately, this is probably catch-up growth from previous under-nutrition, because of improvement in feeding or cure of previous infection.
- In this situation, the weight-for-age and height-for-age charts should show inclines.

B: Sharp decline

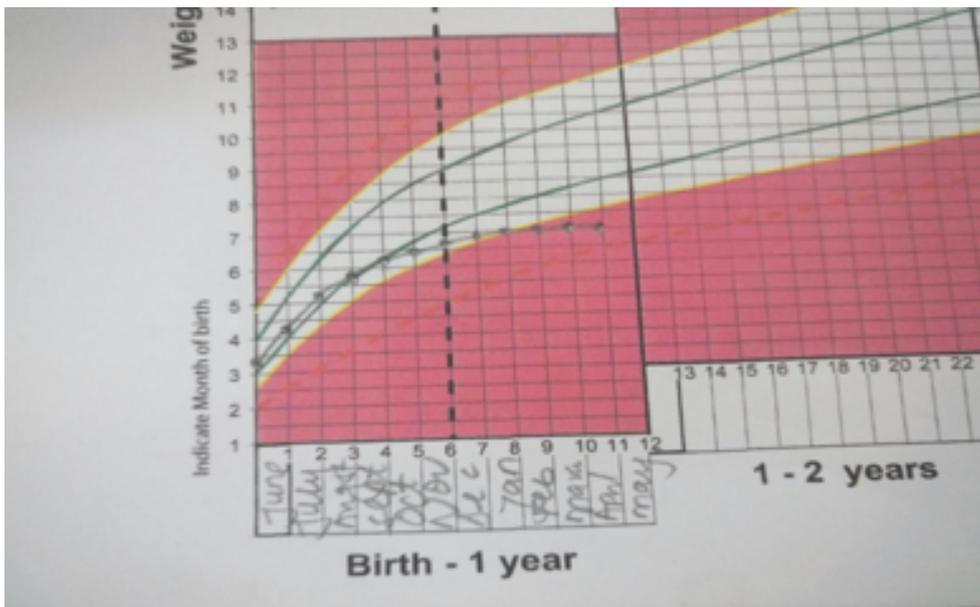


Summarise the discussions using the notes below

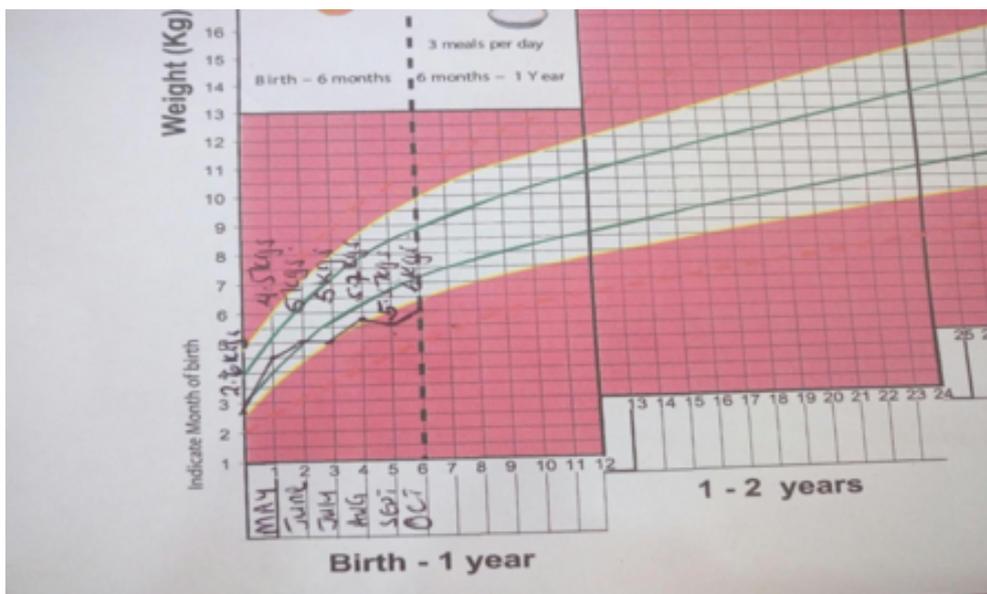
- A sharp decline in the growth line of a normal or undernourished child indicates a growth problem to be investigated and remedied.
- Even if a child is overweight, he or she should not have a sharp decline in the growth line, as losing too much weight rapidly is undesirable.
- The overweight child should instead maintain his weight while increasing in height; i.e. the child should “grow into his weight.”

C: Faltering growth line (stagnation)

C1-Flat/stagnating growth



C2: Wavering



Summarise the discussions using the notes below

- Faltering growth is an observation of slower than expected rate of growth along an infant growth curve, where the curve changes from normal weight gain.
- A flat growth line, also called stagnation, usually indicates a problem.
- If a child's weight stays the same over time as height or age increases, the child most likely has a problem. If height stays the same over time, the child is not growing.
- The exception is when an overweight or obese child is able to maintain the same weight over time, bringing the child to a healthier weight-for-height.
- If an overweight child is losing weight over time, and the weight loss is reasonable, the child should continue to grow in height. However, if the child experiences no growth in height over time, there is a problem. This problem would be evident as a flat growth line on the height-for-age chart.
- For children in age groups where the growth rate is fast, as shown by steep growth curves (e.g. during the first 6 months of life), even one month's stagnation in growth represents a possible problem.

What to be alert about when interpreting trends

- A child's growth line crosses a reference line.
- There is a sharp incline or decline in the child's growth line.
- The child's growth line remains flat (stagnant); i.e. there is no gain in weight or length/height.
- Check where the change in the growth trend began and where it is headed (catch-up or catch-down responses)
- Whether or not the above situations actually represent a problem or risk depends on where the change in the growth trend began and where it is headed.
- Thus, when a child is either failing to gain weight or is losing weight action may be taken as follows:
- Ask the mother if the child had been sick/or suffered any loss of appetite during the last month.
- Explain to the mother the meaning of the static or downward direction and position of the growth curve. Tell the mother that it is a cause for concern for both her and the health care worker.
- Ask the mother what food the child eats and how many times a day she feeds her child. Find out what other foods are available to her and together arrive at a way to improve the child's feeding.
- Explain to the mother the importance of bringing the child to the clinic regularly for weighing to know whether the child is growing well or not.
- An assessment of growth trends indicates whether a growth problem is chronic or of recent onset. Changes in growth trend are often linked with events such as illness.

Activity 4

Measuring MUAC

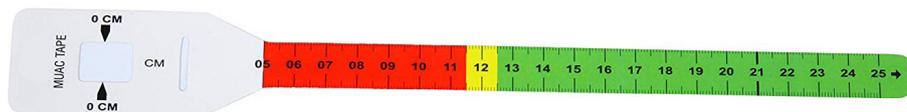
(25 minutes)

Participants will learn and practice how to take the MUAC measurement

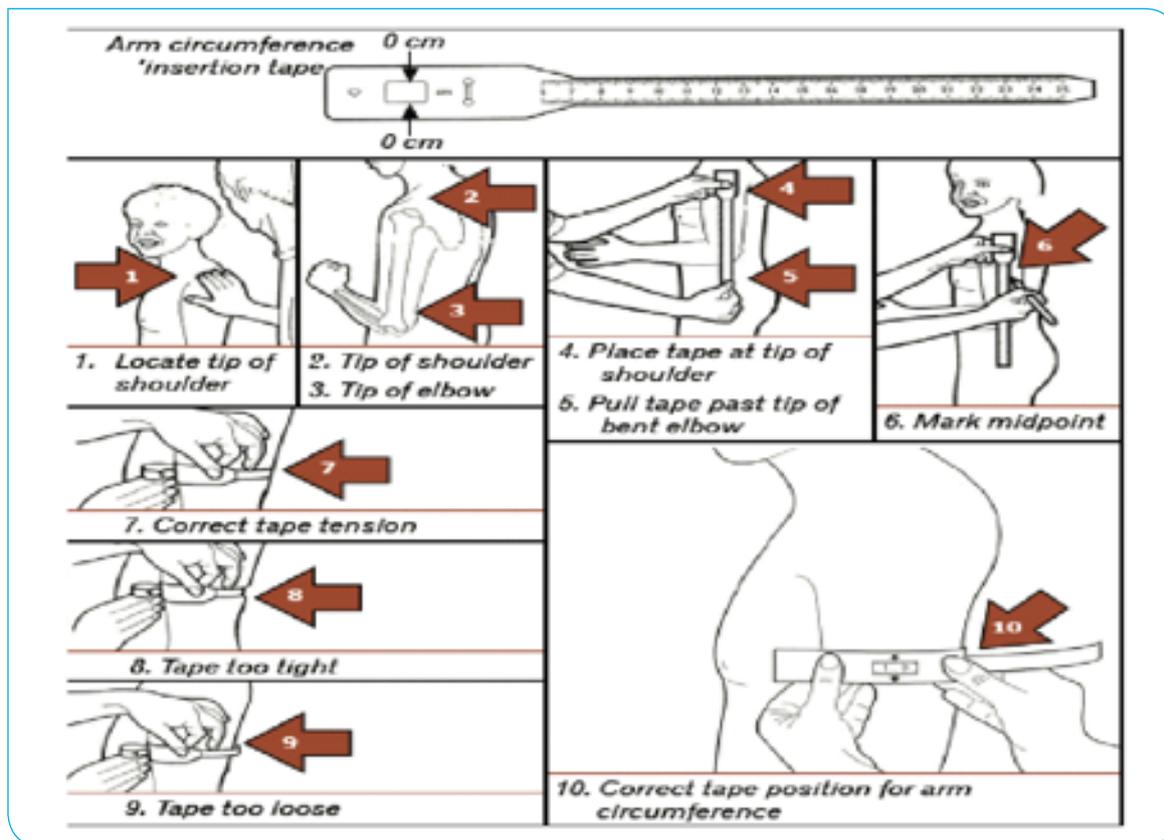
Step 1: Facilitator introduces MUAC to the participants by making the following points

- Children who are malnourished are at high risk of death and disease
- Identification, screening and referral are important so that appropriate care can be offered.
- Community Health Volunteers (CHVs) can identify children who are malnourished in the community by measuring the Mid Upper Arm Circumference (MUAC) and checking for swelling of both feet (Oedema).
- MUAC is often the screening tool used to determine malnutrition.
- MUAC (circumference of the left upper arm) is measured at the mid-point between the tip of the shoulder and the tip of the elbow, taken with the arm hanging down.
- MUAC is relatively independent of height
- It measures the muscle mass and fat stores under the skin
- It is used for bedridden patients, elderly persons, pregnant mothers, breastfeeding mothers and children.
- There are different tapes for measuring adults and children
- Pregnant women and breastfeeding mothers should also be screened using MUAC.
- A mother with a MUAC less than 21cm should be referred for appropriate care in the health facilities

Step 2: Show the participants how the MUAC tape looks like and ask them what the different colours mean.



Step 3: Distribute and demonstrate how to measure MUAC using a MUAC tape



Procedure of taking a MUAC reading

- Ask Mother to remove any clothing covering the child's left arm.
- Calculate the midpoint of the child's left upper arm:
- First locate the tip of the child's shoulder (arrows 1 and 2 in diagram below) with your finger tips
- Bend the child's elbow to make the right angle (arrow 3)
- Place the tape at zero, which is indicated by two arrows, on the tip of the shoulder (arrow 4) and pull the tape straight down past the tip of the elbow (arrow 5)
- Read the number at the tip of the elbow to the nearest centimeter.
- Divide this number by two to estimate the midpoint. As an alternative, bend the tape up to the middle length to estimate the midpoint. A piece of string can also be used for this purpose; it is more convenient and avoids damage to the tape.
- Mark the midpoint with a pen on the arm (arrow 6).
- Straighten the child's arm and wrap the tape around the arm at the midpoint. Make sure the numbers are right side up. Make sure the tape is flat around the skin (arrow 7)
- Inspect the tension of the tape on the child's arm. Make sure the tape has the proper tension (arrow 7), not too tight or too loose (arrows 8 and 9). Repeat any step as necessary
- When the tape is in the correct position on the arm with correct

tightness, read and call out the measurement to the nearest 0.1cm (arrow 10).

- MUAC reading should be recorded on the mother child handbook in the clinical notes section

Ask participants if they have any questions and answer them

Practical on MUAC Taking

- So far we have learnt how to take MUAC.
- We will now practice what we have learnt

Step 4: Divide the participant into groups of 4 or 5. Ask the participants to take turn in measuring each other's MUAC as the facilitators observe. Move around the groups with the help of the other facilitators and ensure that the participants are doing the right thing

Step 5: After everyone has participated, thank participants and ask them to share the difficulties they have encountered

Activity 5

Criteria for referral using MUAC

(10 minutes)

Participants will learn the importance of linkage and referral system to the level of care where nutrition interventions are offered for example counselling , supplementation and therapeutic feeding

- It is important for the Community Health Volunteers to be familiar with case finding and referral strategies.
- Some of the case finding strategies that can be shared to the CHV's could be screening children who are attending health centers, at vaccination sites, at homes through door to door
- Screening, at growth monitoring programs
- Children who are moderately or severely malnourished should be referred to the health facility

Classifying malnutrition using MUAC

Acute malnutrition (severity)	MUAC (cm)	Action to be taken
Healthy	>13.5	Encourage to continue with good practices
At risk	12.5 to 13.4	Assess feeding and illness, counsel on age appropriate feeding based on gaps identified, follow-up
Moderate	11.5 to 12.4	Refer to the health facility and give health and nutrition education
Severe	<11.5	Refer to the health facility and give health and nutrition education
	Kwashiorkor	

Activity 6

Checking for Oedema

(5 minutes)

Participants will learn how to check for Oedema

Step 1: Facilitator shows the participants how to check for oedema

- Apply moderate thumb pressure to just above the ankle or the tops of the feet for about three seconds (say...one hundred and one, one hundred and two, one hundred and three) on both feet at the same time
- If the pressing causes an indentation that persists for some time after the release of the pressure, then there is oedema
- Nutritional oedema is characterized by pitting on both feet



Summarize session

(3 minutes)

Ask the participants whether there be any question and answer them

Session 2

Early Childhood development and stimulation

Participants will understand the importance of Early Childhood Development and stimulation

Early Childhood Development and Stimulation

Objectives:

At the end of this session participants should be able to:

1. List key developmental milestones during early childhood
2. Discuss the importance of stimulation in early childhood
3. Give examples of age specific play and communication activities and age appropriate toys
4. Conduct a class room exercise on developmental milestones

Duration: 65 Minutes

Methodology: Lectures, brainstorming, interactive presentations, buzz (2 to 3 participants), role play, group work, question and answer, discussions, and demonstrations.

Materials: Storage container/box, assorted play toys, Flip charts, Marker pens, scissors, coloured manila papers, MIYCN counselling card number 39 and 40

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction		
15 minutes	Key developmental milestones during early childhood	Discussion	MIYCN counselling cards – no. 39
10 minutes	Importance of stimulation in early childhood	Discussion	MIYCN counselling cards – no. 40
20 minutes	Sample age specific play, communication activities and toys	Group work Demonstration	MIYCN counselling cards – no. 40
15 minutes	Class room exercise on developmental milestones	Group work drill	Different coloured manila papers or sticky notes Marker pens Flip charts
3 minutes	Session summary		

Activity 1

Key developmental milestones during early childhood

(15 minutes)

Facilitator introduces the session on key developmental milestones during early childhood using the notes below

- In the past sessions we have learnt how to assess a child's growth using various anthropometric measurements and comparing the same with set standards.
- In this session we will be learning on how to assess developmental milestones as well as how to counsel caregivers on play and stimulation.
- This lesson discusses the stages, and major milestones of child development.

Step 1: Ask participants to brainstorm on the definition of the following terms:

- Child Development
- Early childhood
- Development milestones and give examples

Step 2: List their responses on a flip chart

Summarize using the note below

Child development: is the process through which human beings typically grow and mature from infancy through adulthood.

- Child development entails gaining skills in all aspects of the child's life such as cognitive development, social and emotional development, communication and speech development, motor skills and gross motor development (physical).
- The different aspects of growth and development include:
 - Cognitive development-learning to think and solve problems, to compare sizes and shapes and to recognize people and things,
 - social development –learning to communicate what is needed and use words to talk to another person
 - Emotional development- learning to calm oneself when upset, being patient when learning a new skill, be happy and make others happy
 - Communication and speech development- learning language and how to use it to communicate with others
 - Physical (motor skills and gross motor development) - learning to reach and grab an object and to stand and walk.
- All areas of development are linked together.

Early childhood is the period from birth to eight years old, and is a time of remarkable growth with brain development at its peak. It includes the period of infancy 0-2 yrs of age.

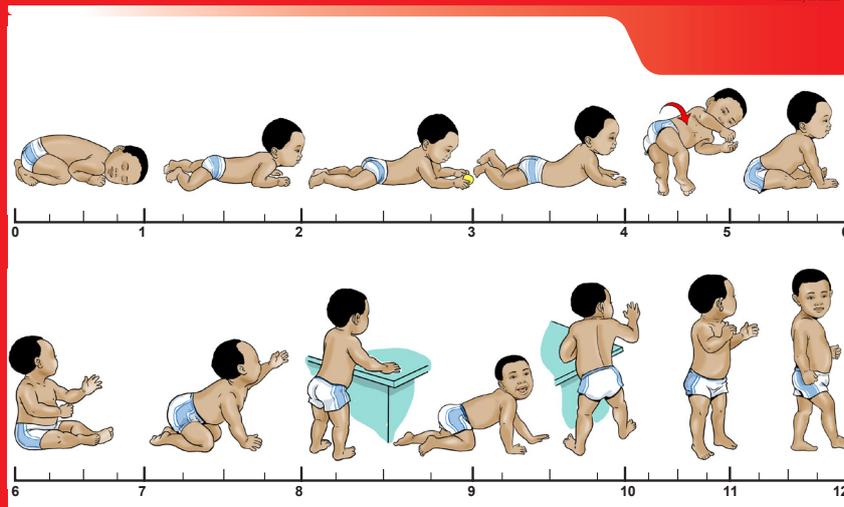
- Early childhood is a period of critical change and development as a child attains the physical and mental skills she/he will use for the rest of their life.
- During this stage it is important to offer responsive care to enhance the holistic development of a child's social, emotional, cognitive and physical needs in order to build a solid and broad foundation for lifelong learning and wellbeing.
- During this stage, children are highly influenced by the environment and the people that surround them and caregivers have the responsibility to nurture caring, capable and responsible future citizens
- Early childhood presents an incomparable window of opportunity to make a difference in a child's life. The right interventions at the right time can counter disadvantage and boost a child's development.
- Early childhood is not only the time that the brain develops most rapidly but a critical window of opportunity for establishing children's immunity and therefore the foundation of good health and optimal productivity in the future.

Lead a discussion on card number 39

Step 3: Ask participants to look at counseling card number 39 and say what milestone they see

Step 5: Facilitator to look out if they are able to associate each milestone with age of the child

Developmental milestones



Card
39

unicef

Summarize using the notes below

- Milestones refer to the age at which most children have reached a certain stage of development.
- Most children grow the same but the rate of development varies from child to child.
- Early detection of a delayed milestone will help address the problem before it's too late
- To achieve the full developmental potential in all these milestones, a child needs Responsive Care and affection during the earliest years
- During growth monitoring it is important to observe the developmental milestones for a child to ensure that they are developing well as per the age
- Ask caregivers to Seek guidance from the health care provider if they observe delays in their child's growth and development.
- Positive interactions through **play and communication** provide the **stimulation** that is key to achieving this maximum **developmental potential**

Step 7: Ask participants what additional developmental milestones are expected at certain ages?

Step 8: Wait for a few responses then proceed by showing the table on the counseling card no 39 **(with notes)**

Average Age for some development milestone	
Developmental milestone	Childs age
Social smile	4-6 weeks
Head holding/control	1-3 months
Turns toward the origin of sound	2-3 months
Extend hand to grasp a toy	2-3 months
Sitting	5-9 months
Standing	7-13 months
Walking	12-18 months
Talking	9-24months

Activity 2

Importance of stimulation in early childhood

(10 minutes)

Step 1: Ask participants to brainstorm on what cues do infants and young children use when communicating to their parents/caregivers and what does each cue mean?

Step 2: List their responses on a flip chart
Summarize using the notes below

- Early childhood stimulation is the interaction between young children and their caregivers, providing children with the opportunity to learn about their environment from the earliest age.
- Stimulation is about parents and caregivers being responsive to the emotional and physical needs of their children from birth onwards by playing and talking to them
- In practice, stimulation is about parents and other caregivers being responsive to the emotional and physical needs of their children from birth onward, playing and talking with them (even before children can respond verbally), and exposing them to words, numbers, and simple concepts while engaging in daily routines.
- Play is the main component of early childhood stimulation and central to good mother-child interactions.
- Play is an opportunity for all the significant activities that enhance good development to take place.
- Caregivers should be sensitive and be able to respond immediately and appropriately to what the child is trying to communicate e.g. hunger, pain and discomfort, interest in something or affection.
- Responding immediately and appropriately to a child's needs is known responsive care

Step 3: Ask participants to turn to card number 40 on stimulation and say what they can observe

Stimulation



Card
40

unicef

Summarize the card using the notes below

- Positive interactions through play and communication provide the stimulation that is key to achieving the child's maximum developmental potential.
- Give your child affection and show your love.
- Be aware of your child's interests and respond to them.
- Praise your child for trying to learn new skills.
- Use the Counseling skills taught in the earlier session to counsel caregivers on the importance of stimulation.
- As you counsel identify practices to support the child's development

Activity 3

Sample age specific play, communication activities, play materials and toys

(20 minutes)

The facilitator together with CHVs will organize locally made playing materials for the children

Step 1: Ask participant to open counseling card number 40

Step 2: Facilitator reads out the activities on card number 40 aloud

Card 40: Stimulation

Additional activities that can be provided as a guide for the CHV's as they provide counselling)

Newborn-1 week

- Songs and lullabies.
- Encouraging child to grasp fingers (development of motor skills).
- Playing the tongue game (i.e. stick out the tongue as baby watches).
- Smiling.
- Whistling.



1 week-6 months

- Giving toys of different textures, so that children can feel them.
- Reading books and telling stories (important, even if the parent feels the child cannot understand).
- Showing pictures/photos.
- Massage.
- Songs and sounds.



- Tickling.
- Making faces.
- Holding objects away from their reach and having them reach out to grasp.

6-9 months

- Using bathing time to play with child (e.g., splashing water)
- Picture reading.
- Clapping – sounds and movement.
- Encouraging children to roll over.
- Playing with ball.



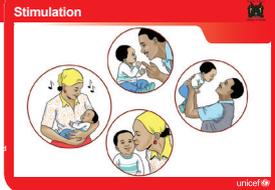
9-12 months

- Sand and water play.
- Encouraging children to stand and walk by placing attractive objects.



12-24 months

- Scribbling.
- Coloring.
- Dancing.
- High five, blowing kisses, bye bye.



- Aiming for target objects (to develop fine-motor skills and hand-eye coordination).
- Jumping.
- Stacking objects

2 years and older

- Running, playing catch, football.
- Jumping ropes.
- Reading.
- Role playing and telling stories.
- Sorting objects.
- Playing with others.
- Role plays and asking children to tell stories.
- Giving children simple choices/decisions.



Activity 4

Class Room Exercise On Developmental Milestones

(15 Minutes)

Conduct a group activity

Step 1: Divide participants into 2-4 groups.

- On a flip chart draw a blank table on average age for some development milestones (card 39, notes)

Developmental milestone	Childs age

- Copy the content of the two charts from the tables in the training Manual on different colored stickers/cards (each group to have their colour)
- Mix them in a bowl (for each group, in a different bowl)
- Give each group a bowl with their specific colored stickers/cards
- Give participants 15 Minutes to paste the colored stickers to the appropriate place in the charts
- Award 5 marks to the group that will finish first
- Call participants back to plenary
- Go through the charts awarding marks for each group (for every correctly fixed content award 1mark.
- Do the totals for each group at the end of the exercises
- Praise the group that did well
- Encourage the others to understand the age specific developmental milestones

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification.

8

UNIT 8

HOUSEHOLD FOOD AND NUTRITION SECURITY

This unit is intended to orient the participants on household food security, and how it can be achieved.

Objectives

After completing this session, participants will be able to:

1. Define household food and nutrition security
2. Outline the factors that affect food availability
3. Describe food production strategies that enhance food and nutrition security
4. Identify the basic community level food processing and preservation methods
5. List the factors to consider in meal planning at family level
6. List appropriate wood fuel energy saving technologies

Duration: 2hr 45 minutes

Methodologies: Buzzing, brainstorming, group work, illustrations, demonstration, discussion

Materials: Flip chart, photos of types of home gardens, food samples and plate

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Definition of household food and Nutrition security	Brainstorm, lecture	Flip chart, marker pens, masking tape
20 minutes	Outline the factors that affect food availability	Group work Discussion, lecture	Flip chart, marker pens
50 minutes	List the strategies that enhance household food and nutrition security	Brain storming, discussion, illustrations, video lecture	Photos, projector, laptop, flip chart, marker pens
30 minutes	Identify the basic community level food processing and preservation methods	Group work, discussion, illustrations, lecture	Flip chart, marker pens, photos, projector laptop
40 minutes	List the factors to consider in meal planning at family level	Illustrations, demonstration, Lecture	Photos, projector, laptop, flip chart, marker, Real objects (fireless jiko)
20 minutes	List appropriate wood fuel energy saving technologies	Brainstorm, discussion, photos, lecture	Flip chart , marker

Activity 1

Definition of household food and nutrition security

(20 Minutes)

Participants will define household foods and nutrition security.

Step 1: Ask participants to brainstorm on what they know and understand by the term household food and nutrition security

Step 2: Note down key words of the definition on a flip chart
Summarize using the definition in the notes below:

Definition of food and nutrition security

- Food security occurs when “all people at all times have physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life”.
- This definition is anchored on three fundamental elements:
 1. Adequate food availability;
 2. Adequate access to food by all people (i.e., the ability of a household to acquire sufficient quality and quantity of food to meet all household members’ nutritional requirements for productive lives); and
 3. Appropriate food utilization/consumption
- The three elements have a hierarchical relationship:
 - Food must be available for households to have access,
 - A household must have access to food for individual members to have appropriate food utilization/consumption.
- All three elements must be achieved for food security to be attained

Activity 2

Outline the factors that affect food availability

(20 Minutes)

Participants discuss the factors that affect food availability in groups.

Step 1: Divides the participants into 4vgroups and asks the groups to choose a leader

Step 2: Ask the groups to discuss on factors that affect food availability and list them on a flip chart.

Step 3: Group leaders present in plenary.

Summarize the presentations with the following notes below

Factors affecting food availability

- Food availability is determined by the physical quantities of food that are produced, stored, processed, distributed, purchased and exchanged.
- It can be ensured through own production, purchase with money, barter trade or combined approach.
- Availability varies throughout the year; high market prices of food are a reflection of inadequate availability of food.
- High prices Cause people with limited resources to reduce consumption of food.
- Growing scarcities of land, water and fuel are likely to put increasing pressure on food prices.
- Enhancing food access has a key role in ensuring nutrition security.

Activity 3

Strategies that enhance household food and nutrition security (40 Minutes)

Participants brainstorm on the strategies that enhance household food and nutrition security

Step 1: Ask participants to brainstorm on the strategies that enhance household food and nutrition security

Step 2: List their responses on a flip chart

Summarize the discussion using the notes below

Strategies to enhance household food security

1. Growing diversified foods by;
 - Planting drought and pest resistant food crops like cassava, sorghum etc
 - Planting early maturing crops
 - Planting micro nutrient rich foods/bio fortified foods like the orange-fleshed sweet potatoes and local vegetables
2. Establishing an integrated kitchen garden: Which includes;
 - Small livestock like poultry to provide eggs and meat, rabbits, goats, sheep for meat
 - Assorted vegetables
 - A fruit trees
 - Staple food sources
 - Herbs, spices and medicinal plants
 - Appropriate gardening technology can be used to ensure continued supply of fresh foods throughout the year.
 - Liaise with agriculture extension officers or home economists.

Kitchen gardens

(5 Minutes)

Participants to brainstorm on the definition and advantages of a kitchen garden

Step 1: Ask participants to brainstorm on what they understand by the term kitchen garden and what are the advantages of a kitchen garden

Step 2: List their responses on a flip chart

Summarize the discussion using the notes below

Kitchen gardening

Definition of a kitchen garden

This is any convenient size of plot near a homestead where a variety of crops grown are mostly used for family consumption. Home gardening includes keeping of small animals such as rabbits, chicken, fish etc

Advantages of kitchen gardens

- A source of fresh relatively cheap and accessible foods for the family
- A good source of micronutrients e.g. green leafy vegetables, legumes and fruits which are rich in micronutrients such as vitamin A and C.
- Generates income from the sale of surplus produce. The income from the home garden can be used to purchase food items that the family cannot produce, thus adding a variety to the meals, supplementing production and other needs.
- Home gardens act as a safety net in low seasons when staple foods are depleted and before new crop is ready.
- Maintains genetic diversity

Steps in establishing a kitchen garden

Participants state the steps in establishing a vegetable garden

(10 minutes)

Step 1: Ask participant to brainstorm what they think are the steps in establishing a kitchen garden

Step 2: List their responses on a flip chart

Summarize the steps using the notes below

Steps in establishing a kitchen garden

- Site selection
 - Land preparation
 - Planting
 - Crop husbandry (weeding, pest and disease control, fertiliser and manure application, irrigation, staking & trellising, pruning, harvesting)
 - Post-harvest management (preservation, storage, processing)
- Liaise with agriculture extension officers and home economists.

Kitchen gardening technologies

Participants discuss on kitchen gardening technologies.

(10 minutes)

Step 1: Ask participants to buzz in twos on the types of kitchen gardening technologies they know.

Step 2: List their responses on a flip chart.

Step 4: Ask participants to look at counseling card number 41 and buzz in twos on the kitchen gardening technologies in the cards in reference to their responses.

Summarize the discussion by showing the participant's the kitchen gardening technologies below and explain them

KITCHEN GARDENING TECHNOLOGIES



Tyre garden



Hanging garden



Hanging garden



Multi storey garden



Micro-garden



Ordinary kitchen Garden



TECHNOLOGIES (contd)



Staircase garden



Green house technology



Raised moist bed



Container gardens



Drip irrigation

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KITCHEN GARDENING TECHNOLOGIES



Small scale Drip irrigation



Poultry/fish and Fruit tree farming

Keeping small livestock.

(15 Minutes)

Participants discuss on importance of keeping small livestock

Step 1: Ask participants to be in their already formed groups and select someone to present their work

Step 2: Ask participants to discuss the importance of keeping small livestock, reasons for keeping small livestock, identify small livestock that can be kept and identify livestock husbandry measure to undertake for healthy livestock rearing

Step 3: Groups present in plenary.

Summarize the discussion using the notes below

Importance of keeping small livestock

- Crop farming alone cannot meet the family needs
- Hence the need to keep small livestock (pigs, goats, sheep, rabbits & poultry).
- Rearing small livestock is particularly important livelihood. It Supplies the much-needed nutrition (milk, eggs, meat, blood, etc.) and income (sell of excess).
- Integrating animals into cropping systems is important in nutrients recycling (composting, feeds)
- By-products (dung, biomass from field or processing wastes) are cheap & available fuel, fodder, manure

Participants discuss the reasons for keeping small livestock

Reasons to keep small livestock

- Women who are responsible for household nutrition have control over small livestock
- Livestock yield products such as milk, meat, blood and eggs for home consumption or sale.
- They recycle by-products such as straw, kitchen and farm waste into manure.
- Serve as an investment or a bank. (Sold when cash is required)
- They can produce dung which is of great importance for soil fertility of the kitchen garden, biogas production and for other fuel products

Participants identify small livestock that can be kept. Refer the participants to the hand out on gallery of small livestock rearing and small live stock and counseling card number 42

Gallery of small livestock rearing



Indigenous poultry and layers



Dairy keeping



Goat keeping

SMALL LIVESTOCK CONT.



Pig

Rabbits

Rabbit skin



Broiler
chicken



Milk goat

264

Participants identify livestock measures to undertake for healthy livestock rearing (10 minutes)

Livestock husbandry measures to consider for keeping small livestock

Setting of the animal project

- Know the type of livestock you want to keep
- Fodder and feed should be in adequate quality and quantity; for non-ruminants: diversity in fodder is usually required.
- Have access to sufficient clean drinking water.
- Have appropriate sheds /housing of sufficient size and with adequate light and fresh air.
- Have sufficient freedom to move around and perform their natural behavior.
- Healthy conditions and veterinary follow up, for vaccination and treatment regime is needed (for vaccines consult a veterinary officer).
- Sufficient contact with other animals, but no stress due to overcrowding.
- For herd animals: an appropriate age and sex distribution within the herd

Activity 4

Food processing and preservation

(30 Minutes)

Participants brainstorm on what they understand by the term food processing and preservation

Step 1: Ask participants to brainstorm on what they understand by the term food processing and preservation

Step 2: List their responses on a flip chart

Summarize the definition using the notes below

Food processing

- Food processing means doing something to a food in order to: preserve it, remove harmful substances, make it easier to handle, store, cook or digest and add nutrients.

Food preservation

- It is the process of treating and handling food in a way that it maintains its edibility and nutritional value. The main aim is to slow down or stop spoilage to prevent food-borne illnesses through contamination.

Benefits of food processing and preservation

Participants brainstorm on the benefits of food processing and preservation

(10 minutes)

Step 1: Ask participants to brainstorm on the benefits of food processing and preservation

Step 2: List their responses on a flip chart

Summarize the benefits of food processing using the notes below

Benefits of food processing

- Provides convenience foods requiring little time for preparation.
- Minimizes post-harvest losses and thus strengthen food security
- Removes toxins and makes foods safe to eat by de-activating spoilage and pathogenic micro-organisms.
- Enables transportation of delicate perishable foods across long distances and increases seasonal availability of many foods.
- Improves preservation, easy marketing and distribution of perishable foods
- Increases food consistency
- Preserves nutrients

Benefit of food preservation

- Contributes to household food security and better nutrition, reduces seasonal shortages, preserves nutrients and post-harvest losses as well as increases income through food processing.

Food preservation Methods

Participants to discuss the food preservation method that are common in their area or those they know

(10 minutes)

Step 1: Ask participants to be in their already formed groups and select someone to present their work



Step 2: Ask participants to discuss the food preservation methods that are common in their area/those that they know and record them on the flip chart.

Step 3: Groups present in plenary

Step 4: Ask participants to look at the photos on their hand outs on drying technologies

Summarize the discussion using the photos below

DRYING TECHNOLOGIES



Solar drying compartment. Drying peeled raw bananas



Drying tray – drying vegetables



Dried kales



Dried kales

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DRIED MEAT







Meat preservation: Drying process, dried meat and meat fried until dry (nyirinyiri)



Dried green locust delicacy



Dried edible white ants

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DRIED FOOD PRODUCTS



Dried cassava chips aired to dry and packaged, Cassava flour)

Example of industrial processed foods: Fortified Maize flours



Vegetable Drying

Step in drying

- Wash the freshly harvested green leafy vegetable
- Shred the vegetables (do not shred very thinly)
- Blanch (dip in boiling salted water) for about 5 seconds
- Remove and run under cold water
- Spread thinly on a tray/solar drier and dry for about 1 hour or until completely dry
- Store in airtight containers

Food preservation methods	Examples
<p>Drying reduces water in the food thus preventing or delaying bacterial growth.</p>	<ul style="list-style-type: none"> • Dried :fish, meat (cut into thin strips and dried in the sun). • Dried vegetables (e.g.kales, mushrooms, fruits (e.g. mangoes). • Cereals (e.g. maize, sorghum, millet, cassava).
<p>Salting and curing Salting draws moisture from the food.</p> <p>Sugar is used to preserve fruits. The fruits can be preserved either in syrup or cooked in sugar to the point of hardening then stored in jars.</p>	<ul style="list-style-type: none"> • Meat, fish, insects. • Apples, pears, citrus fruit, plums for jam.
<p>Fat/oil treatment (Potting) is a traditional way of preserving meat and other cooked foods by setting it in a pot and sealing it with a layer of fat or just covering with a lid/ banana leaves</p>	<ul style="list-style-type: none"> • Meat
<p>Burying in the ground: Many root vegetables are very resistant to spoilage and require no other preservation than storage in cool dark conditions e.g. burying.</p>	<ul style="list-style-type: none"> • Sweet potatoes, cassava, arrow roots, yams, potatoes.
<p>Fermentation: A process where micro-organisms (good bacteria) in food changes sugars in the food to acid or alcohol and keep longer.</p>	<ul style="list-style-type: none"> • Sour milk, sour porridge.
<p>Freezing: Can be used to preserve food by storing in refrigerators where power is available.</p>	<ul style="list-style-type: none"> • Milk, githeri, legumes.
<p>Removal of harmful substances (Anti nutrients) This can be done by soaking, fermenting and drying of bitter and toxic cassava which removes harmful substances from the roots. Pounding and boiling for at least 20 minutes removes harmful substances from the leaves.</p>	

Utilization of preserved foods

Participants will brainstorm on how to utilize preserved foods that they know
(10 minutes)

Step 1: Ask participants to brainstorm on how to utilize preserved foods that they know

Step 2: List their responses on a flip chart

Summarize the discussion using notes below

How to Use Dried Foods

- Dried vegetables and fruits can be used alone, in combination with other foods, or to add flavour.
- Rehydrating is done by soaking or cooking (or a combination of both) the dried food in water until the desired volume is restored. Vegetables such as spinach, kale, cabbage or tomatoes are refreshed by covering with hot water and simmering to desired tenderness. Root (Arrowroots), stem (carrot) and seed vegetables (green pepper, French beans, cucumber) are soaked 1/2 to 1-1/2 hours in enough cold water to keep them immersed. After soaking, they are simmered until tender, and excess water is allowed to evaporate. If dried vegetables are added to boiling water, refreshing takes less time.
- Dried fruits are soaked in hot water and then cooked, if appropriate, in the soaking water. If extra water is needed for preparation, it can be added after the soaking period.
- Dried vegetables are best used as ingredients for soups, sauces and stews. Dried vegetables that have been refreshed take less time to cook than fresh vegetables. Dried fruits can be eaten as is or refreshed and cooked until tender. Spices or flavorings such as cinnamon, ginger and nutmeg can be used to enhance flavor. Dried fruits can be used in desserts, breads, pies or puddings.
- Do not add sugar until fruit is tender, because sugar will toughen the product.
- Dried foods should be refreshed only when ready to use.
- Do not store rehydrated foods. Drying temperatures are not high enough to destroy all microbes, so use quickly after rehydration
- For vegetables, use boiling water; for fruits, use water at room temperature.

Activity 5

Meal Planning and Management

(40 minutes)

Participants will discuss the definition of meal planning, list the factors that affect meal planning, list the benefits of meal planning, develop local menus and recipes using locally available foods and learn the proper cooking methods for nutrient retention.

Definition of meal planning

Participants will understand the term meal planning

(5 minutes)

Step 1: Ask participants to brainstorm on what they understand by the term meal planning

Step 2: List their responses on a flip chart

Summarize the definition using the notes below

Meal planning

Meal planning entails all decisions and activities undertaken in order to make meals or food affordable and yet still attain its intended purpose in the human body. Decision-making in the purchase of wholesome food is the responsibility of the head of the household

Factors affecting meal choices

Participants will learn about factors affecting meal choices.

(5 minutes)

Step 1: Ask participants to be in their already formed groups and select someone to present their work

Step 2: Ask participants to discuss the factors that affect meal choices and list them on a flip chart

Step 3: Groups present in plenary

Summarize the discussion using notes below

Factors affecting meal choices include:

- Available foods in farm, kitchen garden, stores, market, local shops
- The cost of the food and available income
- The family size
- The specific needs for each of the family members (e.g. baby, pregnant, breastfeeding mother, sick, teenager, elderly)
- Access and cost of fuel e.g. charcoal, firewood, kerosene, gas, biogas, electricity, solar etc.
- The tastes and preferences of the family
- Religious beliefs, and cultural practices

Benefits of meal planning

Participants will learn about the benefits of meal planning.

(10 minutes)

Step 1: Ask participants to brainstorm on what they think are benefits of meal planning

Step 2: List their responses on flip chart

Summarize using the notes below

Benefits of Meal Planning

- **Save Time:** When you make a meal plan, you can select easy recipes that don't require a lot of preparation work. After selecting your recipes, make a grocery list. You can buy what you need for the entire week without return trips to the store for forgotten items.
- **Save Money:** There are three main ways that meal planning saves money. You can choose recipes that take advantage of sales at the local grocery store. When you build your grocery list around a meal plan, you buy only what you need and avoid impulse shopping. Eating at home is more economical than dining out.
- **Manage your dietary intake:** When you eat at home, you have more control over the ingredients in your meals. Restaurant dishes contain ingredients you don't know or need. You will use recipes with ingredients you trust and serving sizes you understand.
- **Improve Family Relationships:** Studies show that the more often families eat together the more they bond and the more likely the children are to do well in school, eat their vegetables, helps prevent snacking that leads to obesity
- **Meal planning can stimulate growing own foods** which give fresh source of foods,
- A personalized weekly meal plan **contributes to household food security** by promoting food preservation and making correct food choices

Develop local menus and recipes using locally available foods

Participants will learn how to develop a menu and recipe using locally available foods

(10 minutes)

Steps 1: Ask participants to be in their already formed groups and select someone to present their work

Step 2: Ask groups to formulate a nutritious meal plan for one day using the food calendar developed e.g. breakfast, lunch, snack and supper.

Step 3: Groups present in plenary

Step 4: Guide the participants on how to populate the weekly sample menu based on locally available foods and using the food calendar developed by participants

Summarize the discussion using the resource notes below and make reference to the demonstrated meal plan by the participants.

Template of a sample weekly menu.

Day	Breakfast	Lunch	Snack	Supper
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Consider the following when planning meals for your family

- Color, texture, flavor, temperature, meal presentation, preparation method, and dietary diversity

How it works.

- Choose what you like to eat
- Select your dietary preferences taking into consideration diversified diets
- Note which day you would like to go shopping (for the people who purchase their foods)
- Choose your plan (3 months, 6 months, 12 months)
- Draw your weekly menu, shop bulk & Save money and time. Alternatively, for those who grow foods for own consumption, preserve the foods when in excess and save.

Proper cooking methods for nutrient retention

Participants will learn proper cooking methods for nutrient retention (10 minutes)

Step 1: Ask participants to brainstorm on proper cooking methods for nutrient retention

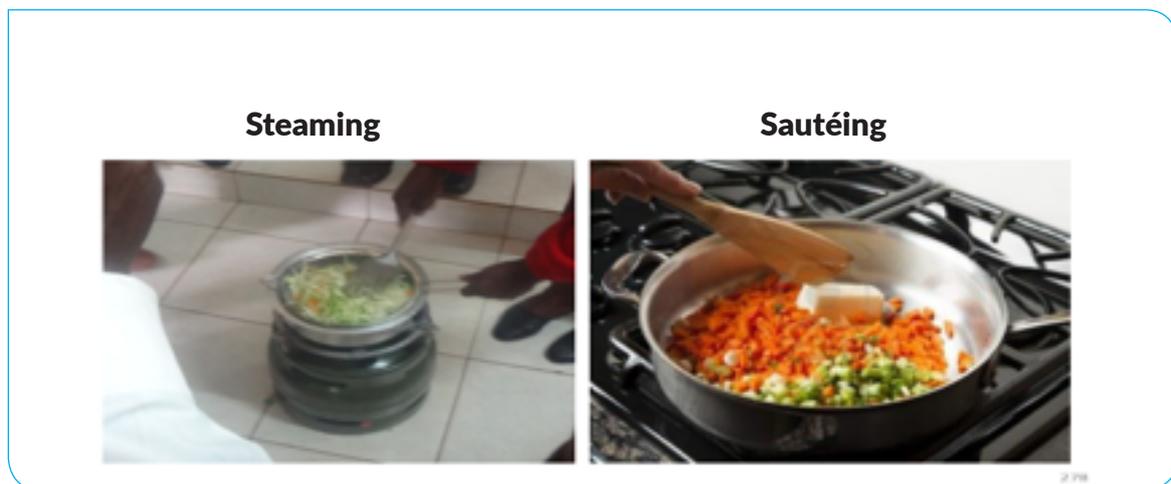
Step 2: List their responses on a flip chart

Summarize the discussion using the notes and photos. Refer the participants to their hand outs

Cooking methods for nutrient retention

- Preparing food for eating generally requires selection, measurement and combination of ingredients in an ordered procedure so as to achieve desired results.
- Food preparation includes but is not limited to cooking.
- Food is cooked for a number of reasons:
- Cooking changes and enhances the flavour of many foods
- It increases palatability
- It improves digestibility of foods
- It improves the texture and aroma of foods
- Preserves nutrients

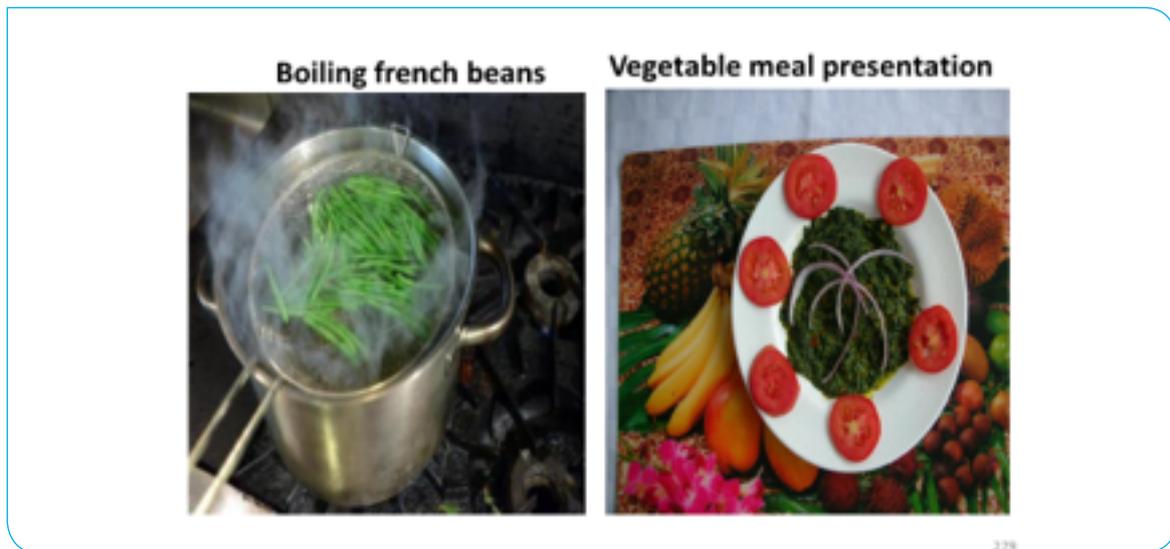
Cookery -steaming and sautéing



Steaming

- Steaming is the best methods for cooking food to retain nutrients
- Steaming is a quick method of cookery.
- Steaming retains the colour, flavour and nutritional value of food.
- It is a fat-free method of cookery and therefore healthier.
- This can be achieved on a normal pan/sufuria or by placing a colander over a pot of boiling water.
- A major benefit of steaming is that it retains the colour, flavour and nutritional value of food. Steaming (unlike boiling) will not greatly enhance the flavour of a dish.

Cookery- boiling and vegetable meal presentation



- Boiling Root vegetables are placed into cold water and then brought to the boil. The vegetables cook more evenly.
- Rice and flour for ugali are placed into water that is already boiling. This sets the starch and stops the food sticking together or lumping.
- Blanching- Green and leafy vegetables are placed in boiling water. This reduces the loss of colour and nutrition.

Activity 6

Appropriate Wood Fuel Saving Technologies

(15 minutes)

Participants will outline the importance of saving fuel energy to household food and nutrition security and identify different types of household wood fuel energy saving technologies

(15 minutes)

Step 1: Ask participants to be in groups formed earlier and select someone to present their work

Step 2: Ask participants to discuss the importance of saving fuel energy for household food and nutrition security

Step 3: Groups present in plenary

Summarize the discussion using with notes and photos below

Importance of wood fuel energy saving to household food and nutrition security

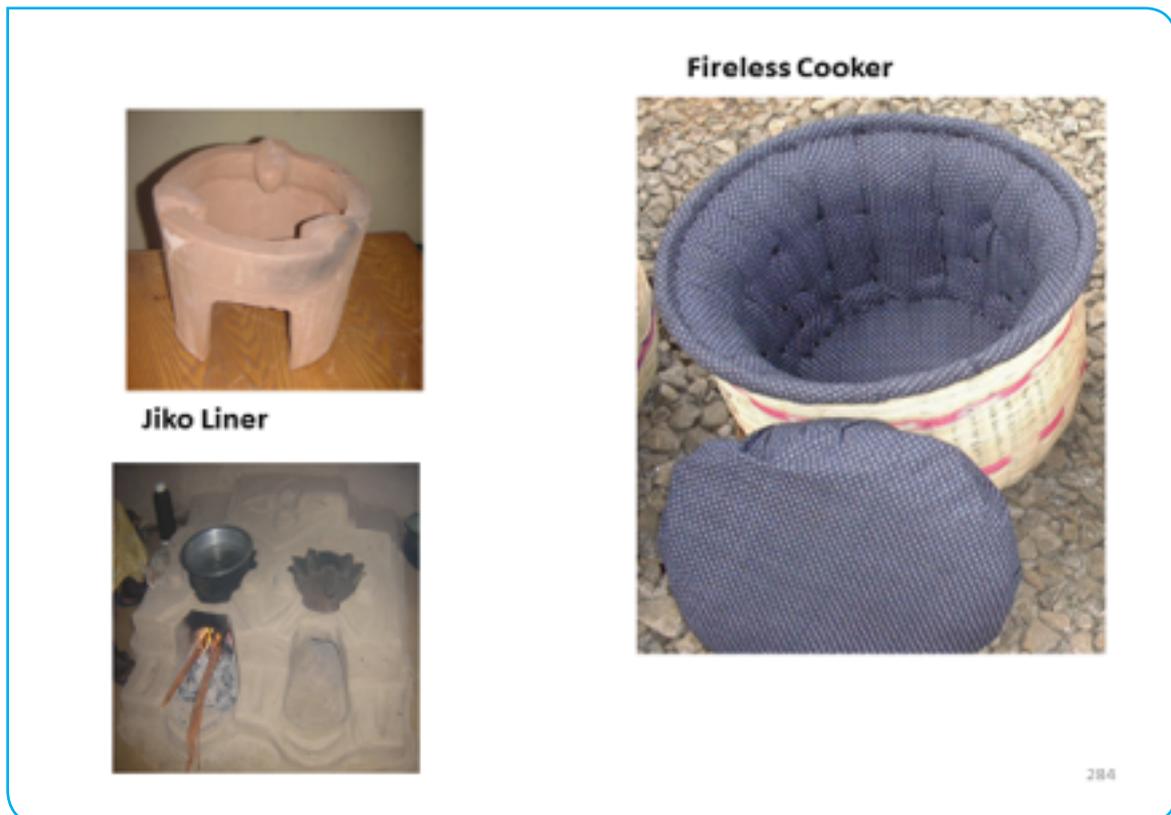
- Fuel energy saving technologies reduce demand on wood fuel and save money for the household
- It also leads to improved in-door air condition and time is saved in cooking.
- This has important implicate for empowering women by greatly reducing their work load, freeing them to engage in other income generating activities
- Children are safe from accidental burning so common in kitchens using traditional three stones fires, which have no protective cover.
- It is easy to make and its durable

Different types of household wood fuel energy saving technologies

Step 1: Ask participants to brainstorm and identify different types of household wood fuel energy saving technologies

Step 2: Record their responses on a flip chart

Summarize the discussion using the following photos and resources notes below. Refer participants to the hand out for the photos



Maendeleo Liner stove

- The maendeleo liner stove is built around a special pottery liner.
- This liner automatically gives the proper size and pot rests which assures top efficiency.
- A tongue supports the wood so air can flow below the wood into the fire, and also so that long pieces of wood will not fall out.
- By being protected from wind and excess air, the fire burns hot and clean. You can have two or more inserts in your kitchen.

Fireless Cooker

- A fireless cooker is an insulated basket container or box that is designed to complete cooking that has been partially started on conventional cooking methods e.g. open fires, charcoal , firewood , paraffin , gas and electrical cookers.

Main uses:

- It completes cooking which has been partially cooked
- It is a food warmer as it can keep food hot for more than 8 hours e.g. chapatti, rice etc.
- Can be used to maintain the temperature of cold drinks
- Yoghurt can be processed in the basket for the purpose of maintaining it cool temperature

Appropriate Wood Fuel saving technologies

Charcoal Briquettes



How to use charcoal briquettes



- Charcoal briquettes is a technology where waste like charcoal dust, waste papers etc. are used to make charcoal briquettes that are used like charcoal for fuel
- Shortage of fuel for cooking is one of the many problems faced by people in the homes.
- Gathering fuel is generally women's work but is fraught with dangers; it's becoming scarce by the day due to deforestation, population growth coupled with climate change.
- In certain areas, firewood is completely depleted, leading women to travel further and further which is time consuming. Firewood which is over relied on in most households is potentially deadly due to smoke fumes.
- Practical Action for tackling these issues is the use of more fuel-efficient woodstoves, which are both affordable and easy to use
- Cutting the amount of firewood that needs to be used allows more trees the opportunity to grow. Subsequently, burning smaller amounts of wood fuel means less smoke in the kitchen hence better health

Summarize session

(5 minutes)

Ask participants if they have any questions or seek clarification

9

UNIT 9:

ESTABLISHING BABY FRIENDLY COMMUNITIES

In this unit, participants will learn how to expand the tenth step (10th) of BFHI through a community-based initiative known as Baby Friendly Community initiative (BFCI)

Session 1

Introduction to Baby Friendly Community Initiative

In this session, participants will learn about the baby friendly community initiative

Objectives

After completing the session, participants will be able to:

1. Define Baby friendly community initiative (BFCI)
2. List and explain the 8 steps of BFCI

Duration: 60 Minutes

Methodologies: Buzzing, brainstorming, discussion, group work, facilitative lecture, gallery walk

Materials: Flip chart, marker pen, masking tape, 8 point plan, MIYCN policy statement

Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Introduction to BFCI	Lecture	Flip chart, marker pen, masking tape
5 minutes	Definition of BFCI	Buzzing, Facilitative lecture	Flip chart, marker pen, masking tape
50 minutes	8 steps to BFCI	Buzzing, group discussions, gallery walk	8 steps to BFCI
3 minutes	Session summary	Lecture	Flip charts, marker pens

Activity 1

Definition of Baby friendly community initiative

(5 minutes)

Participants will brainstorm on the definition of baby friendly community initiative

Step 1: Ask the participants to brainstorm on the definition of the Baby Friendly Community Initiative as defined in unit 1.

Step 2: Wait for a few responses

Summarize the discussion using the notes below

- Baby friendly community initiative (BFCl) is a community-based initiative to promote, protect and support, breast feeding, optimal complementary feeding and maternal nutrition
- It also includes environmental sanitation and hygiene, early childhood stimulation, referral and linkages, HIV services and other nutrition sensitive programmes
- Works through:
 - Formation community mother support groups (CMMSG) and mother to mother support groups (MtMSG) with close links to health centres and local authorities.
 - Home visitation
 - Community campaigns for Maternal Infant and Young Child Nutrition (MIYCN)
- The community Units (CUs) are used as the main entry for BFCl implementation

Resource notes

- The BFCl was developed to expand the 10th step to successful breastfeeding
- The tenth step states “ coordinate discharge so that parents and their infants have timely access to ongoing support and care” hence mother to mother support groups have been used as the main strategy for establishment of BFCl
- The focus of BFCl is support for mothers at community level (Tier 1 and 2)
- It covers intervention to improve maternal, infant and child feeding focussing mainly on the first 1000 days.

Activity 2

Discussing activities to conduct for each BFCl step

(50 minutes)

Participants will brainstorm on ways they can contribute towards the 8 steps to BFCl

Step 1: Display 8 pre prepared flip charts each with one step of BFCl in different corners of the room and explain each of the steps.

Step 2: Divide the participants to 8 groups randomly by asking them to count 1-8

Step 3: Ask each group to identify ways in which the community can contribute to achieving the step and to record their responses on the flip chart

Resource notes

8 steps of BFCI

1. Have a written MIYCN policy summary statement that is routinely communicated to all health providers, community health volunteers, and the community members.
2. Train all healthcare providers and community health volunteers, to equip them with the knowledge and skills necessary to implement the MIYCN policy
3. Promote optimal maternal nutrition amongst women and their families
4. Inform all pregnant women and lactating women and their families about the benefits of breastfeeding and risks of artificial feeding
5. Support mothers to initiate breastfeeding within one hour of birth, establish and maintain exclusive breastfeeding for first six months. Address any breastfeeding problems.
6. Encourage sustained breastfeeding beyond six months to two years or more, alongside the timely introduction of appropriate, adequate and safe complementary foods while providing holistic care (physical, psychological, spiritual and social) and stimulation of the child.
7. Provide a welcoming and supportive environment for breastfeeding families
8. Promote collaboration between healthcare staff, CMSG, MtMSG and the local community

Step 4: Do a gallery walk from one group to the other, as the assigned rapporteur from each group presents their points.

Step 5: Summarize each step during the gallery walk using the table below.

BCFI STEP	COMMUNITY ACTIONS	JUSTIFICATION
<p>Step 1: Have a written MIYCN policy summary statement that is routinely communicated to all health providers, community health volunteers, and the community members.</p>	<ul style="list-style-type: none"> Clearly display the policy in strategic areas where mothers and children frequent Development of community code of care for mothers and babies 	<ul style="list-style-type: none"> For guidance and standardization
<p>Step 2: Train all HCW and CHV to equip them with knowledge and skills necessary to implement the MIYCN policy</p>	<ul style="list-style-type: none"> Identification of CHVs to be trained on BFCI Maintenance of a community Training database, schedule of reports Keep record of minutes of all CHVs/CHA meetings 	<ul style="list-style-type: none"> Monitoring knowledge and skills development and community actions
<p>Step 3: Promote optimal maternal nutrition amongst women and their families</p>	<ul style="list-style-type: none"> Promotion of dietary diversity using locally available foods Promotion of IFAS uptake through out pregnancy Encourage families to provide extra meals for women during pregnancy and breastfeeding. Enhance dietary diversity among women and their families through kitchen gardening and domestic animal rearing 	<ul style="list-style-type: none"> Prevent Premature labour, Low birth weight and other birth related complications due to undernutrition and anaemia
<p>Step 4: Inform all pregnant women and lactating women and their families about the benefits of breastfeeding and risks of artificial feeding</p>	<ul style="list-style-type: none"> Develop a community code promoting exclusive breastfeeding and discouraging artificial feeds and use of teats and bottles. Advocate for change of harmful cultural behaviors, myths and misconceptions 	<ul style="list-style-type: none"> Dealing with barriers to optimal infant feeding

<p>Step 5: Support mothers to initiate breastfeeding within one hour of birth, establish and maintain exclusive breastfeeding for the first six months.</p>	<ul style="list-style-type: none"> • Promote Birth practices that enhance breastfeeding; skin to skin contact, early initiation and consumption of colostrum by encouraging hospital deliveries • Promote appropriate breast feeding techniques; attachment, positioning, breast support, demand feeding, expression of breastmilk • Encourage families to support breastfeeding mothers with household chores • Encourage male involvement • Teach mothers how to recognize signs that the babies are hungry and ready to breastfeed 	<ul style="list-style-type: none"> • Prevention of breast conditions and breastfeeding difficulties • Provision of essential nutrients for the infant • Build mothers confidence • Support for working breastfeeding mothers
<p>Step 6: Encourage sustained breastfeeding beyond six months to two years or more, alongside the timely introduction of appropriate, adequate and safe complementary foods.</p>	<ul style="list-style-type: none"> • Educate families on benefits of continued breastfeeding for up to 2 years or longer. • Promotion of Timely introduction of adequate, appropriate and safe complementary foods at 6 month's using the FATVAH principle • Conduct community food cooking demonstrations • Encourage early childhood stimulation and teach mothers how to make home made toys 	<ul style="list-style-type: none"> • Breast milk continues to be an important part of the diet.

<p>Step 7: Provide a welcoming and supportive environment for breastfeeding families</p>	<ul style="list-style-type: none"> • Designate breastfeeding corners in public utility areas • Advocate for a workplace support policy for breastfeeding mothers • Promote breastfeeding support for mothers by family, CHVs and other community members • Encourage community members to participate in the baby friendly meetings 	<ul style="list-style-type: none"> • Build mothers' confidence to breastfeed their babies in all areas in the community • Community ownership in the care of the mother and baby
<p>Step 8: Promote collaboration between CHVs, CMSG, MtMSG and the local community</p>	<ul style="list-style-type: none"> • Ensure a work plan for community activities is in place. • Promptly refer mothers to existing MtMSG • Ensure community reports of group activities are available at the resource centre • Strengthen the referral mechanisms to the facility and back to the community 	<ul style="list-style-type: none"> • Strengthen community linkage and referral

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 2

Process of Establishing BFCI

In this session participants will discuss how to make communities baby friendly and shall start by discussing the process to follow when establishing baby friendly communities. It is very important to follow these processes for successful implementation and sustainability of BFCI.

Objective

By the end of the session participants will be able to

1. List and explain the process to follow in establishing BFCI

Duration: 30 minutes

Methodologies: Buzzing, brainstorming, discussion, facilitative lecture

Materials: Flip chart, marker pens, masking tape,



Session Plan

Duration	Topics	Methodology	Materials
2 minutes	Introduce session		Flip chart, mark pens
25 minutes	List and explain the process to follow in establishing BFCI	Discussion, facilitative lecture	Flip charts, marker pens ,masking tape
3 minutes	Session summary	Lecture	Flip charts, masking tape, marker pens

Activity 1

Process of establishing BFCI

(25 minutes)

Participants will discuss the process of establishing Baby friendly community initiative

Step 1: List the nine BFCI process on a flip chart

Resource notes

1. Orientation of the national policy and decision makers
2. Training of TOTs on BFCI: National/County
3. Orientation of County and Sub-county health management teams together with key stakeholders: National / County
4. Training CHEWs/CHAs and Health Care Workers
5. Orientation of Community Health Committee, Primary Health Care Facility Committee, and other community leaders on BFCI
6. Establishment of Community Mother Support Groups
7. Training of CHVs and community mother support group (CMSG) on BFCI
8. Mapping of households
9. Establishment of Mother-to-Mother Support Groups (MtMSG)

Step 2: Explain to the participants in brief that the first 5 processes are mainly executed by other stakeholders other than the CHVs

Summarize the first 5 processes using the notes below

1. Orientation of the national policy and decision makers: Done at national level and includes directors and managers of health and other line departments
2. Training of TOTs on BFCI: TOTs are selected and trained from the national and county level
3. Orientation of County and Sub-county health management teams together with key stakeholders: Includes the governor and the team, directors of health and other line departments, County heads of departments within health and line departments
4. Training CHEWs and Health Care Workers: The trained TOTs will conduct a 6 days training for the health workers and CHEWs. The CHEW/CHA will participate in the establishment of the CMSG. This is a deliverable from the training
5. Orientation of Community Health Committee, Primary Health Care

Facility Committee, and other community leaders on BFCI: The CHC, PHCF and other community leaders are taken through a one day orientation on BFCI

Step 3: Discuss process 6 Establishment, criteria and composition of community mother support groups in details using the notes below

- CMSG is a group of community members that oversees plans and executes community baby friendly meetings and mobilizes all the community members to participate in BFCI activities.
- **Members includes:**
 - CHEW/CHAs
 - nutritionist
 - representatives from CHCs and CHVs
 - local administrators (chiefs or assistant chief)
 - lead mother/model mother
- **May also include**
- Religious leaders, opinion leaders, birth companions and other representatives in the community e.g. young mothers (<18 years), person with disability
- The health worker at the Primary Health Care Facility (PHCF), CHC and CHVs, together with the CHEW and nutritionist will support the identification of the appropriate members in the community.
- A lead mother is a mother who belongs to one of the MtMSG (in case they exist) and has been a models in exclusive breastfeeding practices in addition to other MIYCN practices such as she has successfully achieved continued breastfeeding for two years and practiced optimal complementary feeding. The lead mothers should be from the local community and act as a link between the CMSGs and the MtMSG.
- Note: The lead mother being referred to here is the overall lead mother in places where we have more than one mother support group or the lead mother in areas where only one support group exist
- The guidelines for establishment of community health unit clearly lays down the criteria and eligibility of members of the community health committee and the same criteria applies to community mother support groups which include the following
- **Criteria for CMSGs**
 - Membership should be at least 1/3 women.
 - Term of membership should be fixed at 3 years unless otherwise stated
 - Must be elected/selected from the chiefs' barazas
 - It is recommended that CMSGs have 9-11 members.
- **Eligibility criteria**
 - Must demonstrate leadership qualities
 - Ability to read and write (based on the literacy levels of the implementation area)
 - Demonstrate commitment to community service
 - Role model in positive health practice

- Sometimes there is uniqueness in each community and its best to evaluate what applies best in each scenario.

Step 4: Discuss process 7 Training of CHVs and community mother support group (CMSG) members on BFCI

Summarize using the notes below

- The CHVs will be trained on a module focusing on the 8 steps to BFCI
- CHV's are also taken through the following key contents,
 - How to establish MtMSGs, Bi-monthly CMSG meetings
 - Orientation on the use counseling cards
 - How to counsel mothers.
 - Conducting targeted home visits
 - Bi-monthly "Baby-Friendly meeting"
 - Reporting: Collecting data using the individual child feeding and growth monitoring form, MOH 513,514,100 and the monthly reporting tool for pregnant and new mothers

Step 5: Discuss process 8 mapping of households

Summarize using the notes below

- **Selection and training of Community Health Volunteers for mapping**
 - CHVs will be selected through the existing Ministry of Health structures in the Community Units.
 - Where there are no community Units, volunteers (who can read and write, are permanent residents of the community, have been vetted and accepted by the community) will be selected with the participation of the community leaders.
 - Where we have existing community units- this process should have already been done
- **Mapping of households**
 - After selection, the CHVs will then undergo an orientation to enable them map the required households.
 - Mapping of households is an important exercise that identifies the number and place where the primary target audience can be found and will be done every six months.
 - MOH 513 will be used for the mapping exercise

Step 6: Discuss process of establishment of mother to mother support groups
Summarize using the notes below

- Mother-to-Mother Support Groups are groups of women, of any age, who come together to learn about and discuss issues in pregnancy, infant and young child nutrition (breastfeeding and complementary feeding) and other health related issues.
- They also support one another on issues of maternal nutrition (during pre-pregnancy, pregnancy and lactation) and all aspects of complementary feeding.
- Mother to mother support groups give peer support to each other in relation to adjustment to motherhood and emerging issues in motherhood.
- Pool of mentors for mothers in the community.

Formation

- Recruited by the CHVs and the lead mothers during home visitations, antenatal care (ANC), MCH, and any other community gatherings and groups.
- Membership of between 9 and 15 participants.
- If the groups become larger than 15 members, they should be split into smaller manageable groups.

Selection

- A mother to be included as members of the MtMSG should be a pregnant woman or
- Has a child from 0 -15 months and willing to join and participate in the group

Functionality

For a M2MSG to be functional it should have:

- Regular meetings with clear documentation
- Active participation of all members
- Monthly reporting by CHVs, with assistance of the lead mother
- Schedule of the planned activities

Transition from the mother to mother support groups

- A mother who has gone through the complete module (approximately 6 months)
- Mother has a child above 23 months

Step 7: discuss the eligibility criteria of a lead mother
Summarize using the notes below

Eligibility to be a Lead Mother of a Mother-to-Mother Support Group

- Belong to an existing community group
- Able to read and write (based on the literacy levels of the implementation area).
- Is interested and has experience in matters relating to infant and young child feeding
- Have good relations with members of the community.
- Be able to express themselves clearly and confidently.
- Be role models who are well respected in the community.
- Be either breastfeeding mothers or mothers with children under 2 years.
- Stay within 5 Km radius of a health facility (where applicable).
- Live near the community group meeting site.

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 3

BFCI interventions

In this session participants will learn and discuss the activities to conduct in the baby friendly communities once they are established.

Objectives

By the end of the session, participants will be able to:

1. List the BFCI key interventions
2. Describe how the interventions will be implemented

Duration: 45 Minutes

Methodologies: Buzzing, discussion, facilitative lecture

Materials: Flip chart, marker pens, masking tape, , CHV counseling schedule

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Introduction to BFCI interventions	Facilitative lecture	Flip chart, marker pen, masking, BFCI implementation guidelines
40 minutes	List and describe the BFCI key Intervention	Buzzing, discussion, facilitative lecture	Flip chart , marker pen, masking tape, monthly reporting tool for pregnant and new mothers, MOH 514, Form 1, MOH 100 CHV counseling schedule
3 minutes	Session summary	Lecture	Flip charts, marker pens

Activity 1

List and describe how each intervention will be implemented (40 Minutes)

Participants will be taught in details on how each intervention will be implemented

Step 1: post a flip chart on the wall and write on it the first BFCI intervention

Step 2: discuss the intervention (training on BFCI)
use the resource notes below

1. Training on BFCI

- The training content for BFCI at all levels is based on the 8 steps to BFCI (refer to Session 1) using the BFCI approved modules for both health care workers and CHVs
- The MIYCN Counselling Cards should be used as a key job aid for training.
- Refresher trainings should be conducted during monthly CHV meetings by the CHEW/CHAs/Nutritionist and also for all the new CHVs who join later to replace those who have left
- Trainings for new recruits or replacement CHVs and lead mothers should be conducted on the entire BFCI package.
- Linkages with agriculture will also be fostered, such as discussing how to cook locally available foods through cooking demonstrations/ local recipes, availability and utilization of seasonal fruits and vegetables, as well as kitchen gardens, and raising small animals.

Step 3: write on the flip chart targeted home visits and discuss using the notes below

2. Targeted home visits

- There are two main ways that CHVs can share information about MIYCN, care and stimulation with mothers in the community:
 - Through targeted visits with individual mothers where the information shared is tailored for that individual mother.
 - Formal or informal group sessions with multiple mothers (two to three mothers, or more) at once.
- Targeted home visits can take place at:
 - Home (the volunteer/lead mother goes to visit the woman at her home)
 - In the volunteer's home (if the mother comes to the volunteer/lead mother for advice)
 - Any other convenient place where the women normally meet in the community.
 - Also can be done when the mother misses a support group visit or when there is a barrier within the household to practising the optimal MIYCN practises.

Step 4 Distribute the monthly reporting tool for pregnant and new mothers

Step 5: Explain to the participants using the notes below on how to conduct visits for pregnant and new mothers using the monthly reporting tools for pregnant and new mothers

- A pregnant mother should be visited and counselled on optimal maternal nutrition on monthly basis throughout the pregnancy.
- In the last month of pregnancy, it is recommended that pregnant mothers be visited more frequently and be accompanied by a birth companion or CHV to the facility for delivery.
- The birth companion, together with the health facility staff, should ensure that breastfeeding is initiated within one hour of birth and no pre-lacteal feeds are given.
- Soon after birth, frequent visits by the CHV and/or lead mother are recommended to provide support for proper attachment, positioning, and optimal breastfeeding and to address any problems with breastfeeding (i.e. perceptions of insufficient milk, early introduction of foods and liquids), as well as care and stimulation.
- Thereafter, a mother should be visited at least once a month for up to one year. Beyond one year, the mother is visited at least every two months up to 24 months for continued support for optimal MIYCN practices, including feeding during illness, child spacing, growth monitoring, and immunisation/supplementation, care and stimulation

Step 6: Distribute the counselling topics to be covered by CHVs hand out, to the participants

Step 7: Refer participants to the monthly reporting tool for pregnant and new mothers and call their attention to the box “topics taught in group session”

Step 8: Ask participants to refer to the counselling topics to be covered by CHVs and call their attention to step 3

Step 9: Explain how to report on topics taught to mothers during group sessions using codes i.e first digit represents the step while subsequent digits represent the topics taught. (3.1,3,7). Encourage the CHVs to avoid too many topics in one session

Step 10: Distribute MOH 514 and call the participants attention to column E. Explain that number of pregnant women reported in the monthly reporting tool for pregnant and new mothers should tally with column E in MOH 514

Step 11: Ask the participants to locate column G and H in the MOH 514, explain to them that the total of the two columns should tally with the number of new born babies this month except when there is a multiple delivery or a child mortality

Step 12: Distribute form 1 (Individual child form) to each of the participants, call their attention to question number 7 (low birth weight babies). Explain to the participants that the number of low birth weights reported in the monthly reporting tool for pregnant and new mothers should tally with those reported in Form 1. Explain to the participants that the form 1 will be discussed in details in a later session

Step 13: Distribute MOH 100 to each of the participants, link it with the MOH 514

and give a few examples of from the service log that the MOH 100 may be useful. E.g columns P,Q,R,S,W,X,L,M,N and O. Encourage the participants to strengthen the referral system by making use of the already existing tools

Step 14: write on the flip chart BI- monthly “baby-friendly meeting” and explain using the notes below

3. Bi-monthly “Baby-Friendly meeting”

- A baby friendly meeting is a meeting organized by the CMSG within the community whose agenda is MIYCN, care and stimulation.
- During these meetings, health and nutrition promotion including cooking demonstrations, hygiene and sanitation, stimulation amongst other topics should be discussed
- After every two months, the CMSG members work together with the CHEW/CHAs/Nutritionist to mobilize pregnant women and mothers of children less than two years of age as the primary targets for the bi monthly baby friendly meetings.
- Women of reproductive age, fathers, grandmothers, and other caregivers of the children are secondary targets.
- CMSG members together with the CHVs will support and guide mothers on the cooking demonstration on how to make recipes for nutritious complementary foods that meets the frequency, amount, texture, variety, active feeding and hygiene (FATVAH) criteria and healthy diets for pregnant and breastfeeding women.
- In addition, to community baby friendly meetings, community dialogues and community action days will be conducted monthly and quarterly, respectively. CHVs will use this opportunity to promote baby friendly community activities.

Step 15: write on the flip chart Bi- monthly CMSG meetings and explain using the notes below

4. Bi-monthly CMSG meetings

- The first CMSG meeting is always held before the first baby friendly meeting as this is the team that plans on the activities to be undertaken during the baby friendly meeting
- There after the CMSG meeting is held after the community baby friendly meeting to deliberate on
 - The achievements,
 - Challenges,
 - Plan for other activities in the community as well as the next baby friendly meeting.
- The CHEW/CHAs with the support of the chairman who may be the chief or any other member of the CMSG will call and organize for the meeting

Step 16: write on the flip chart MtMSG and explain using the notes below



5. MtMSG meetings

- MtMSGs will be established within each community and be linked to a Primary Health Care Facility.
- There may be more than one MtMSG in one community.
- Each group will have a lead mother who will work with the CHV in facilitating group activities. The lead mother will be responsible for engaging group members in discussions about MIYCN, care and stimulation and providing basic health education, in an interactive, participatory manner.
- This will be an opportunity to address problems mothers have with MIYCN, including breastfeeding and early introduction of foods and liquids that impede exclusive breastfeeding, and discuss solutions as a group.

Step 17: write on the flip chart monthly CHVs meetings and explain using the notes below

6. Monthly CHVs meetings

- The CHVs will hold monthly meetings with the CHEWs/CHAs and Nutritionist for routine reporting and experience sharing in BFCI implementation in their communities.
- During these meetings, they will identify areas of challenge during home visits and possible solutions to these challenges.
- The CHEW/CHAs and Nutritionist will guide and provide any MIYCN updates to the CHVs.

Step 18: write on the flip chart education sessions for mothers and explain using the notes below

7. Education sessions for mothers

- The education sessions will be conducted at MCH Clinics by the CHVs, health facility staff or the CHEW/CHA. The CHEW/CHA/Health Facility in charge will document the topics covered and the attendance.
- Other avenues for health and nutrition promotion will be during baby friendly community meetings and other gatherings within the community, such as market places, chiefs' barazas, and other social gatherings.
- Sharing MIYCN information informally is a strategic vehicle for educating mothers, but should not replace formal routine contacts for counseling mothers, such as targeted home visits and monthly MtMSG meetings.
- **NOTE:** Bringing mothers together during ANC or child welfare clinics and teaching them does not qualify to be a mother to mother support group

Step 19: write on the flip chart mentorship and support supervision and explain using the notes below

8. Mentorship and supervision

- The SCHMT will supervise and mentor the Primary Health Care Facility (PCF) staff at least once per month for the initial six months of establishment to support and strengthen the BFCI, and quarterly thereafter.
- Action points to be acted upon will be developed based on the findings and verified in subsequent visits.
- The SCHMT will supervise the CHEW/CHA using supervision checklists provided as part of the implementation guidelines (see Annex).
- The CHEW/CHA and nutritionist will continuously supervise and mentor the CHVs for quality improvement in the implementation of BFCI activities.
- The CHVs are followed up on monthly basis, and the CHEW/CHA and nutritionist may also accompany the CHVs during the targeted home visits to observe their activities and ensure they are counseling the mothers appropriately.
- CHVs will mentor lead mothers

Step 20: write on the flip chart establishment of mother an baby friendly resource center and explain using the notes below

9. Establishment of Mother and Baby Friendly Resource Centre

- The site for the resource center will be identified by the MtMSGs members in consultation with the CSGM and the facility staff.
- It may be located within the health facility or anywhere within the community.
- Simple furniture for sitting and writing will be sourced locally.
- IEC materials on MIYCN, child care and stimulation will be placed in the identified venue.
- CMSG, CHVs, MtMSG and health care workers who have been trained in BFCI will then manage the Centre, giving information and offering practical support to any person who comes to the center.
- Attainment of a 'baby friendly community' status is dependent upon implementation of different interventions
- All key stakeholders should be part of the process

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

Session 4

Role of different stakeholders in BFCI

In this session participants will understand the roles of different stakeholders in BFCI

Successful implementation of BFCI will be dependent on the collaborative efforts and synergies of all the stakeholders and actors through the establishment of effective partnerships.

Key actors at different levels should play their roles to effectively plan, coordinate, implement, monitor, and evaluate BFCI activities.

In return, the community will be able to attain the “baby friendly” status.

Objectives:

At the end of the session, participants should be able to

1. List and explain the roles of different stake holders in BFCI implementation

Duration: 30 Minutes

Methodologies: Brainstorm, discussion, facilitative lecture

Materials: Flip chart, marker pens, masking tape

Session plan

Duration	Topics	Methodology	Materials
2 minutes	Session introduction	Lecture	
25 minutes	List and explain the roles of different stakeholders in BFCI implementations	Brainstorm, discussion, facilitative lecture	Flip chart, marker pen
3 minutes	Session summary	Lecture	

Activity 1

Roles of different stakeholders in BFCI implementation

(25 Minutes)

Participants will brainstorm on the roles of different stakeholders

Step 1: Ask participants to brainstorm on the roles of CHVs

Step 2: List their responses on the flip chart

Summarize using the notes below

Roles of community health volunteers (CHVs)

- Facilitate formation of MtMSGs
- Conduct targeted home visits
- Conduct education and counseling on MIYCN, care and stimulation including addressing any problems mothers face
- Conduct community mobilization for uptake of BFCI
- Mobilize the identified influencers on MIYCN
- Participating in baby friendly community meetings
- Mapping the primary audience within their area of operation

- Reporting to the CHEW on the activities they have been involved in and keeping records
- Participate in resource mobilization for community baby friendly meetings
- Referral of cases to the nearest health facility
- Promoting care seeking and uptake of optimal MIYCN practices
- Participate in CHV meeting

Step 3: Distribute to the participants hand out on roles and responsibilities for CHVs

Step 4: Discuss the roles of CMSG using the notes below

Roles of the CMSG

- A CMSG oversees plans and executes community baby friendly meetings.

The activities include:

- Mobilizes all the community members to participate in BFCl activities.
- Supporting the CHEW and Nutritionist in monitoring and documentation of monthly BFCl activities at the community level
- Monitoring, and documenting the maternal, infant, and child nutrition activities in the community on a monthly basis.
- Conducting annual planning/review meetings with the CHEW and nutritionist
- Advocate for allocations of funds to BFCl activities in the community

Step 5: Discuss role of the chief/ assistant chief

Roles of Chief/ assistant chief

- Participate in planning for BFCl activities together with other CMSG members
- Mobilize the community members for community meetings on cooking demonstration.
- Participates in the CMSG meetings in the PHCF every two months
- Calls the meetings for the CMSG
- Mobilization of community members to provide for materials and food e.g. green vegetables, rice, to be used during cooking demonstrations
- Allocates responsibilities in the baby friendly community meetings and cooking demonstrations.

Step 6: Discuss the roles of the lead mother using the notes below

Roles of the lead mother

The lead mother should:

- Mentor other group members.
- Convene monthly MtMSG meetings
- Together with the CHV, deliver key messages for MIYCN, care and

stimulation and discuss with mothers how to address any problems.

- Be a link between the MtMSG and the CMSG
- Models the health and nutrition behaviors in MtMSG and community
- Support the CHV in collecting BFCI data
- Identification and referral of mothers to the CHVs, and other mother support groups

Step 7: Tell participants that the summary of the roles are found in the hand out

Summarize session

(3 minutes)

Ask participants if they have any questions or seek clarification

10

UNIT 10

MONITORING AND EVALUATION

In this unit participants will learn the importance of documentation, and the tools to use at community level.

Objectives:

After completing this session participant will be able to:

1. Defining Monitoring & Evaluation
2. Describe monitoring in BFCI
3. Describe the Key BFCI outcome indicators
4. Describe BFCI documentation and reporting tools
5. Describe BFCI Assessment and accreditation

Duration: 2 hour 30 minutes

Methodologies: Discussions, brainstorming, group work, demonstration, observations and facilitative lecture

Materials: Flip charts, mark pens, masking tapes, reporting tools form1, Counseling topics to be covered and visit schedule for community health workers, monthly visits, monthly reporting tools, case studies.

Session plan

Duration	Topics	Methodology	Materials
5 minutes	Introduce the session	Facilitative lecture	
10 minutes	Defining Monitoring & Evaluation	Facilitative Lecture , discussions	Flip charts, marker pens
30 minutes	Describe monitoring in BFCI	Buzzing	Flip charts, marker pens
20 minutes	Describe the Key BFCI outcome indicators		
60 minutes	BFCI documentation and reporting tools	Observations, brain storming discussions	Guidance notes
20 minutes	BFCI Assessment and Accreditation	Buzzing , discussions	
5 minutes	Summarize the session	Discussions, practicals, observations	

Activity 1

Defining monitoring and evaluation

(10 Minutes)

Participants will discuss the importance of data collection

Step 1: Ask the participants to discuss what is the importance of collecting data?

Step 2: List their responses on a flip chart

Summarize the discussions using the notes below

- Documentation is key. Monitoring of BFCI activities will be conducted routinely at all levels and is essential to the success of BFCI.
- Community health volunteers have an important role in ensuring that all documentation tools are properly filled and reported in a timely manner to the next level.

Definition of M & E

- **Monitoring:** This is a process of assessing day to day activities in a program or project. It is done regularly (Eg. monthly) to provide reports for decision making. This is done by CHVs, Health care providers or other staff
- **Evaluation:** Is a periodic assessment (e.g mid or end of a project) to assess progress of a program.
- This is done by the program staff/ partners, or other staff. It gives direction on if the program should continue or not, or if there are things that need to be changed for the program to run well

Activity 2

Monitoring in BFCI

(30 minutes)

Participants will buzz in pairs on the importance of supervision

Step 1: Ask participants to buzz in twos on the importance of supervision

Step 2: List the responses on a flip chart

Summarize the discussions with the notes below.

- Improves the performance
- Continuous mentorship and training
- Ensures effectiveness of implementation
- Builds the relationship of team players

Step 3: Ask participants who supervises their activities

Summarize the discussions with the notes below

- It is the role of the CHA/CHEW to supervise and mentor the CHVs in their day to day activities
- It's the role of the Sub County Health Management Team to support communities to ensure that they move towards making their communities Baby Friendly through mentorship and supervision of the CHAs and CHEWs
- Monitoring on the process of BFCl implementation will be at various levels by various people.
- We are now going to look at monitoring at the community level, and the tools that will be used.
- For communities to move towards being Baby Friendly, monitoring has to be done

Participants will discuss monitoring by their immediate supervisor (Community Health Assistant (CHA/Community Health Extension Worker CHEW)

The CHEW/ CHA will:

- Monitor the CHVs to ensure that all BFCl activities are conducted and reported by the CHV in a timely manner coordinate the formation and activities of the CMSG.
- Monitor to ensure Form 1 is filled and reported monthly.
- Keep reports for the CHV activities to ensure they are active and functional. i.e. files for MtMSG activities, Bi monthly CMSG, Form 1 data etc ,

Step 4: Distribute the supervision check list for CHEWs/CHA.

Step 5: Briefly discuss the tool and explain to the CHVs that the tool among others shall be used by the CHEW/CHA during support supervision

Step 6: Ask participants what their roles are in BFCl

Step 7: List their responses on a flip chart

Summarize the discussions with the notes below

Monitoring by CHV

The CHV will collect information on five indicators (listed below) on a monthly basis. This will be done through home visits and filling of Form 1.

- Infants who are initiated to breastfeeding within one hour after delivery (below one year)
- Exclusively breastfed in the first six months of life (zero to at six months of age)
- Pre-lacteal feeds within the first three days of life
- Children aged six to eight months who receive complementary foods (semisolid or solid) in addition to breast milk
- Children aged six month to below one year who ate any animal-source, iron-rich foods in the last 24 hours



Activity 3

BFCI outcome indicators

(20minutes)

Participants will discuss the BFCI outcome indicators

When conducting BFCI activities, certain outcomes are expected. There are five outcome indicators that we will now discuss.

Step 1: Remind participants of the bean activity they conducted during unit 1 on why BFCI matters?

Step 2: Tell participants that for communities to have better practices, they would have to improve on the percentages of the indicators'

Step 3: Use beans previously counted to demonstrate a reducing percentage (Proportion of children who receive any pre-lacteal feeds within the first three days of life).

Use a hypothetical figure or local data if available(e.g 30% of infants in area X are given pre-lacteal feeds, separate 30 beans from the 100 beans and tell participants that counselling in addition to other interventions can help reduce the 30% to 20% .Minus 10 beans from the 30 and add them to the 70)

Step 4: Use a similar bean activity to demonstrate the exclusive breastfeeding proportion

Step 5: Explain to the participants that they shall work to increase some percentages and also to reduce some percentages

Summarize the discussion using the notes below

BFCI Outcome Indicators

- Proportion of infants who are initiated to breastfeeding within one hour after delivery (early initiation of breastfeeding) zero to below twelve months of age
- Proportion of infants who are exclusively breastfed in the first six months of life (zero to at six months of age)
- Proportion of children who receive any pre-lacteal feeds within the first three days of life
- Proportion of children aged 6-8 months who receive complementary foods (semi solid or solid) in addition to breast milk
- Proportion of children aged six months to below one year who ate any animal source, iron rich foods in the last 24 hours

Step 6: Give each participant a copy of guidance notes for BFCI indicators (see Annex), give the participants time to read individually and ask them for feedback on how they understand the indicators.

Step 7: List their responses on a flip chart

Step 8: Explain to the participants that the guidance notes are useful during the home visits and work as a guide to CHVs on how to ask questions to mothers during home visits

Guidance notes to key BFCI indicators

Indicator	Questions to ask the mother	YES (1)	NO (1)	DON'T KNOW (8)
Early Initiation of Breastfeeding (for children 0-11.9 months)	Was the child initiated to the breast?			
	within 1 hour after delivery			
	later than 1 hour after delivery			
Pre-lacteal feeding (for children 0-11.9 months)	In addition to breastmilk, what was the child given to drink/eat in the first three days of life?			
	1. Water/other liquids			
	2. Milk (not breastmilk)/infant formula			
	3. Other: _____			
Exclusive breastfeeding (for children below six months)	4. Nothing			
	Is (NAME) still breastfeeding?			
	Was (NAME) breastfed yesterday during the day and at night?			
	Did (NAME) take ANY liquids or semi-solid/solid foods yesterday day and night?			
	Liquids: MILK (other than breast milk), plain water, sugar/glucose water, gripe water, sugar/salt solution, fruit juice, infant formula, tea/infusions, coffee, honey etc.			
	Semi-solid/solid foods: cereals, vegetables, fruits, meats,			
	Pulses/legumes, etc.			
	(Exclusive breastfeeding means Yes to the first question above, and No to the second and third questions above)			
Proportion of children 6-8.9 months of age who had complementary feeding in addition to breastmilk.	Was the child given solid or semi-solid foods in the last 24hours?			
Animal source in complementary Feeding (for children 6-11.9 months of age)	Was the baby given meat, poultry, fish or eggs in the last 24hours?			



Activity 4

BFCI documentation and reporting tools

(60 minutes)

Participants discuss on the BFCI reporting tools

- We will now discuss the set of tools that will be used for reporting the BFCI indicators from the community level to the primary facility.
- BFCI reporting process involves 5 forms
- We will discuss only form 1
- Form 2 is to be completed by the CHEW/CHA, using Form 1 data every month
- The CHEW/PCF staff must compile the data monthly and present the forms for onward data transmission with the following reporting deadlines:
 - From facility to sub-county by 5th of the subsequent month,
 - From the sub-county to the county by 10th of the subsequent month,
 - From county to national by 15th of the subsequent month.
- It is therefore important for the CHVs to report on time for timely onward transmission

Step 1: Distribute copies of form 1 to the participants

Step 2: Discuss the contents of form 1

Form 1

- This is the Individual Child Feeding and Growth Monitoring form.
- The record is filled at the village level by the CHV who may be supported by the lead mother
- One form per child is used for a period of 0-11.9 months
- The CHV at the end of every month presents the updated form 1 to the CHEW/CHA for the monthly reports
- The form 1 is kept by the CHV
- When the child is one year the form 1 is surrendered to the CHEW/CHA for filling at the link health facility
- The record is initiated as soon as possible after the birth of the child and is updated on a monthly basis, thereafter.

Step 3: Assist participants to locate the number 1-9 in form 1. Tell the participants that during the first visit (as soon as possible after delivery), the CHV should complete questions 1 through 9:

Step 4: Assist participants locate all the 5 indicators from the form 1

Indicator 1: Early initiation (question 8)

Indicator 2: Pre lacteal feeding (question 9)

NB: Demarcated by thick bold lines

Indicator 3: Exclusive breastfeeding (0 to 0.9 – 5 to 5.9 locate age from row number 11)

Indicator 4: Complementary feeding (6 to 6.9 – 8 to 8.9 locate age from row number 11)

Indicator 5: Animal source foods (6 to 6.9 – 11 to 11.9 locate age from row number 11)

Step 5: Explain number 11 on the form (Infant's age at the moment of the visit (in months))

0 to 0.9 caters for all children below one complete month, when a child has completed a month fill the data on the column 1 to 1.9 as this child is 1 month and a few days old towards month 2 such that when the child will have completed 2 months their data shall be filled in column 2 to 2.9 and the same applies in subsequent months

Step 6: Ask participants to refer to hand out on the counseling topics to be covered and visit schedule for community health workers issued to them in unit 8 session 3.

Step 7: Explain to the participants that they shall be selecting topics to teach the mothers from the counselling topics tool and code the topic on number 19 of form 1.

Step 8 : Ask participants to look at form 1 and locate number 19 (feeding recommendations given to the mother)

Step 9: Topic selection will be guided by the mother's needs (first digit represent the step, second or other subsequent digits represent the topics chosen separated in commas

(e.g Step 5: : Support mothers to initiate breastfeeding within the first one hour of birth, establish and maintain exclusive breastfeeding for first six months

(1st topic (4): Breastfeeding on demand-why

(2nd topic (6): Good attachment-4 key points of good attachment

(3rd topic (7) Good positioning-4 key points of good positioning

The code to appear on number 19 will be: 5.4,6,7

Step 10: Divide the participants into 5 groups and give each group a set of 3 form 1

Step 11: Give participants case studies for filling form 1 to each group

Step 12: Ask participants to practice filling form 1 using the case studies. Each case study to be filled in a separate form1

Step 13: Move around the class and ensure the participants are doing the right thing, assist those that may have difficulties

Step 14: Distribute copies of the Community Health Volunteers (BFCI implementation) summary of activities and schedule for meetings

Step 15: Explain to the participants that the tool will act as a reminder of all the activities they are required to conduct to make BFCI a success

Activity 5

BFCI assessment and accreditation

(20minutes)

- All communities implementing BFCI will be working towards becoming baby friendly. As a first step communities will need to appraise its current practices with regard to the 8 steps to BFCI.
- A community self-appraisal tool, has been developed for use by communities to evaluate how their current practices measure up to the 8 steps to BFCI
- The CHEW and nutritionist, with support from the CMSG members, will conduct a self-assessment for BFCI using the Community self-assessment tool for BFCI.
- The assessment calls for random samples of HCWs, CHVs, mothers and household members to test knowledge and practices on BFCI
- Simple random or systematic random sampling is used to select the sample size.

Participants will discuss accreditation

- For a community to get certified as baby friendly, series of assessments are conducted at different levels. If the threshold is met the community is acknowledged in an official ceremony and certified as baby friendly
- The CHMT will use a set of tools to assess communities in readiness for certification. If the County team scores the community at 80 % and above the county requests for external assessment to the national MIYCN Steering Committee for accreditation consideration.
- When the external assessors from the national MIYCN committee assesses the community they score as follows

A score of 0 - 49% is poor

The CHVs and the HCWs should put in more effort to ensure the mothers are taught and behaviour change takes place

A score of 50-79% is satisfactory

Highlight the achievements the community has made that far. A certificate of commitment is issued at an official ceremony to acknowledge the efforts put in towards the community becoming baby friendly

A score of 80%-100% is good

- The communities/facilities are BFCI compliant and can now be certified as Baby Friendly.
- After every three years, they will apply for re-certification.
- A permanent sign will be displayed in a strategic location in the community, such as the entrance road, the center of the community, PCF, market place or at the chiefs/assistant chief's office, declaring that "(Name of Community) is a Baby-Friendly Community".

Summarize session

(5 minutes)

Ask participants if they have any questions or seek clarification

ANNEX 1

TRAINING CHECKLIST

1.1: EQUIPMENT AND STATIONERY

ITEMS NEEDED	NUMBER NEEDED
Laptop	1 If power is available
LCD	1
Speakers	1
Trainers' manual	All trainers
MIYCN Counseling cards	All participants
Flip charts	3 rolls
Felt pens	Chisel shaped , 1 dozen, all colors
Sticky notes or manila cards	Different colors
Policies MIYCN IFAS MNP VAS BMS Act, 2012	4-6 copies each
Mother and child handbook	1 per 2participants
1000 days booklet	All facilitators

1.2: DEMONSTRATION ITEMS

ITEM	NUMBER NEEDED
Baby dolls	2 soft and big size
Manual Breast pump (optional)	1
Bowls (250mls)	4
Cup with spout	1
Calibrated jugs	2
Ordinary jugs	2 (sourced from venue)
Breast model (may be made with cotton, thread and a pair of socks)	1
20 cc syringe	2
Surgical blade	1
Pencils	One per participant
Rubbers	One per participant
Sharpeners	One per participant
MNP powder (sachets)	2

Anthropometric equipment MUAC tapes (child, Adult) Weighing scale Height/ length board	MUAC tapes- each participant or 4 for demo 2 sets 2 sets
400mls thick porridge	Divided into two portions 200mls each
Variety of cooked food for children 6-23 months	For 4 working groups
Logistics for clinical field experience	Transport to and from the nearby health facility
	Name tags for all participants and trainers

1.3: FOOD ITEMS

ITEM (10 food groups)	QUANTITY NEEDED (Any 3 items from each food groups)
Grain, grain products and other starchy foods	Whole grains: rice, maize, millet, sorghum, Starchy roots: white fleshed sweet potato, unripe bananas, arrowroots, cassava, yam among others Products : wheat flour, maize flour, spaghetti, Weetabix, cornflakes, porridge flours among others
Legumes /Pulses	Dried beans any variety, dried peas, cow peas, green grams, lentils among others
Nuts and seeds	Macadamia, peanuts/ ground nuts , cashew nuts, baobab seeds, Simsim, pumpkin seeds, chia seeds, poppy seeds
Flesh foods	Red meat variety, white meat varieties, insects, canned meats,
Eggs	Any type available and consumed by community
Dairy and dairy products	Fresh milk, processed milk, fermented milk (lala), yoghurt, cheese
Green leafy vegetables	Any green vegetables available and consumed in the region
Other vitamin A rich fruits and vegetables	Fruits: mangoes, pawpaw, purple skin passion fruit, peaches, loquats, yellow or orange fleshed sweet potatoes Vegetables: carrots, pumpkin
Other fruits	Ripe bananas, guavas white and red fleshed, tree tomatoes, water melon red color, oranges, pineapples, apples among others
Other vegetables	Tomatoes, dhania, hoho, onions, cabbage, cucumber, green peas, green beans, green maize among others available in the market

1.4: ITEMS TO PRINT/PHOTOCOPY

TITLE	NO. OF COPIES
c-BFCI Training timetable	1 per participant
Pre/post test	10 copies
MIYCN policy	4-6 copies
MNP policy	4-6 copies
VAS policy	4-6 copies
Demonstration 4: A-I Listening and learning skills	2 sets
Demonstration 5: A-D Confidence and support	2 sets
Counseling skills checklist	All participants
Breastfeeding observation job aid	All participants
Taking a feeding history 0-6 months	All participants
Amounts of food to offer to a child	All participants
Taking a feeding history 6-23 months	All participants
Assess your practices	All participants
8 steps to successful BFCI	All participants
SCHMT mentorship and supervision check list	1 copy to be shared by two participant
Supervision checklist for CHEW	1 copy to be shared by two participant
Guidance notes for CHVs	1 copy per participant
CHV counseling topics and visit schedule	1 copy per participant
Scheduled visits for pregnant mothers	All participants
Form 1 stories	5 copies
Form 1	All participants
Monthly reporting on number of education contacts	All participants
Action plan template	12 copies

ANNEX 2

TIME TABLE

Time	Activity	Facilitator
DAY 1		
8:00–8:30	Arrival and Registration	
8:30–9:15	Introduction, expectation and why we are here and opening remarks and administrative issues	
9:15–10:00	Pre test	
10:00–10:30	Tea break	
10:30–11:15	UNIT 1: Orientation to the MIYCN counselling cards Session 1	
11:15–12:40	Why BFCI matters Session 2	
12:40–01:00	UNIT 2 Food nutrients and nutrition	
01:00–02:00	Lunch break	
2:00–4:40	Food, nutrients and nutrition continued	
4:40–5:00	Days evaluation and closure	
5:00–5:30	Tea break, leave at own leisure	
DAY 2		
8:30–8:45	Recap for day 1	
8:45–10:25	UNIT 3 Maternal nutrition	
10:25–10:55	Tea break	
10:55–11:55	UNIT 4 Session 1: Importance of breastfeeding	
11:55–1:20	Session 2: How breastfeeding works	
1:20–2:20	Lunch break	
2:20–3:50	Session 3: Breastfeeding techniques	
3:50–4:50	Session 4: Listening and learning skills	
4:50–5:00	Days evaluation and closure	
	Tea break, leave at own leisure	
DAY 3		
8:30–8:45	Recap day 2	
8:45–9:35	Session 5: Building confidence and support skills	
9:35–10:00	Session 6: Common breastfeeding difficulties	
10:00–10:30	Tea break	
10.30–11.35	Session 6 cont.....	

11:35-12:40	Session 7: Expressing breast milk and cup feeding	
12:40-1:00	Session 8: Breast conditions	
01.00 - 02.00	Lunch break	
2:00-2:35	Session 8 cont.....	
2:35-4:05	UNIT 5 Session 1: Importance of complementary feeding	
4:05-4:30	Days evaluation and closure	
4:30-5:00	Tea break leave at own leisure	
DAY 4		
8:30-8:45	Recap	
8:45-10:30	Session 2: Food to fill the energy ,Iron and Vitamin A gaps	
10:30-11:00	Tea break	
11:00-12:40	Session 3: Quantity and variety	
12:40-1:00	Session 4: Food modification and fortification	
1:00-2:00	Tea break	
2:00-3:20	Session 4 cont.....	
3:30-4:00	UNIT 6 The Breast Milk Substitutes (Regulation and Control) Act, 2012	
4:00-5:00	UNIT 7 Session 1: growth monitoring and promotion	
5:00-5:45	Days evaluation and closure	
5:45-6:30	Tea break leave at own leisure	
DAY 5		
8:30-8:45	Recap	
8:45-9:40	Session 2: Early childhood stimulation	
9:40-10:00	UNIT 7: Household food security	
10:00- 10:30	Tea break	
10:30-11:40	Unit 7 cont.....	
11:40-12:40	UNIT 8 Session 1: 8 steps to BFCI	
12:40-1:10	Session 2: Process of establishing BFCI	
1:10-2:00	Lunch break	
2:00-2:45	Session 3: BFCI interventions	
2:45-3:15	Session 4: Roles of different stakeholders	
3:15-6:00	UNIT 9: Monitoring and evaluation	
6:00-6:30	Way forward and closure	
6:30- 7:00	Tea break departure	



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ANNEX 3

PRE-POST TEST

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3.1: PRE-POST TEST QUESTIONNAIRE

S. No.		Yes	No	DK
1.	The purpose of a mother to mother support group is to share personal experiences on Maternal, infant and young child Nutrition (MIYCN) practices.			
2.	Poor child feeding during the first 2 years of life harms growth and brain development.			
3.	An infant aged 6 months one week needs to eat at least 2 times a day in addition to breastfeeding.			
4.	A pregnant woman needs to eat 1 more meal per day than usual.			
5.	At 4 months, infants need water and other drinks in addition to breast milk.			
6.	Correct information alone on how to feed her child changes mother's practice.			
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.			
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.			
9.	The mother of a sick child older than 6 months should wait until her child is healthy before giving him/her solid foods.			
10.	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/consistency of breast milk so that the young baby can swallow it easily.			
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.			
12.	A young child (aged 6 up to 12 months) should not be given animal foods such as fish and meat.			
13.	A new-born baby should always be given colostrum.			
14.	A mother living with HIV should never breastfeed.			
15.	Men play an important role in how infants and young children are fed.			

3.2: PRE-POST TEST MARKING SCHEME

S. No.		Yes	No	DK
1.	The purpose of a mother to mother support group is to share personal experiences on Maternal, infant and young child Nutrition (MIYCN) practices.	X		
2.	Poor child feeding during the first 2 years of life harms growth and brain development.	X		
3.	An infant aged 6 months one week needs to eat at least 2 times a day in addition to breastfeeding.	X		
4.	A pregnant woman needs to eat 1 more meal per day than usual.	X		
5.	At 4 months, infants need water and other drinks in addition to breast milk.		X	
6.	Correct information alone on how to feed her child changes mother's practice.		X	
7.	A woman who is malnourished can still produce enough good quality breast milk for her baby.	X		
8.	The more milk a baby removes from the breast, the more breast milk the mother makes.	X		
9.	The mother of a sick child older than 6 months should wait until her child is healthy before giving him/her solid foods.		X	
10.	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/ consistency of breast milk so that the young baby can swallow it easily.		X	
11.	During the first six months, a baby living in a hot climate needs water in addition to breast milk.		X	
12.	A young child (aged 6 up to 12 months) should not be given animal foods such as fish and meat.		X	
13.	A new-born baby should always be given colostrum.	X		
14.	A mother living with HIV should never breastfeed.		X	
15.	Men play an important role in how infants and young children are fed.	X		



ANNEX 4

FOOD CALENDAR TEMPLATE

(Year food calendar for feasible, affordable and locally available foods)

Month	Food group	Food items available at home	Food items available at the market
January	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
February	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
March	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish)		

	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
April	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
May	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
June	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		



July	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
August	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
September	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
October	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		

	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
November	Grains and grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		
December	Grains, grain products and other starchy foods		
	Pulses/legumes		
	Nuts and seeds		
	Dairy and dairy products		
	Eggs		
	Flesh foods (poultry, beef, fish etc)		
	Dark green leafy vegetables		
	Other vitamin A rich fruits and vegetables		
	Other vegetables		
	Other fruits		



ANNEX 5

COUNSELLING SKILLS -DEMONSTRATIONS

5.1: LISTENING AND LEARNING SKILLS (KINDLY UPDATE WHEN THE MANUAL IS FINALLY UPDATED)

Demonstration 4.1.A Non-Verbal Communication

With each demonstration say exactly the same few words, and try to say them in the same way, for example:

“Good morning, Susan. How is feeding going for you and your baby?”

1. Posture:

Hinders: Stand with your head higher than the other person’s

Helps: Sit so that your head is level with hers.

- Write – ‘Keep Your Head Level’ on the flip chart (Flip chart2).

2. Eye contact:

Hinders: Look away at something else, or down at your notes

Helps: Look at her and pay attention as she speaks

- Write – ‘Pay Attention’ on the flip chart.

(Note: eye contact may have different meanings in different cultures. Sometimes when a person looks away it means that he or she is ready to listen. If necessary, adapt this to your own situation)

3. Barriers:

Hinders: Sit and hold the MIYCN counselling card, in way blocking the mother from seeing your face.

Helps: Hold the counselling card in way that is not blocking the mothers face

- Write – ‘Remove Barriers’ on the flip chart.

4. Taking time:

Hinders: Be in a hurry. Greet her quickly, show signs of impatience, look at your watch

Helps: Make her feel that you have time. Sit down and greet her without hurrying; then just stay quietly smiling at her, watching her breastfeed, and waiting for her to answer

- Write – ‘Take Time’ on the flip chart.

5. Touch:

Hinders: Touch her in an inappropriate way

Helps: Touch the mother appropriately (if applicable)

- Write – ‘Touch appropriately’ on the flip chart.

(Note: Discuss appropriate touch in this community and have the list written on Flip chart 2 and post it up on the wall. If you cannot demonstrate an inappropriate touch, simply demonstrate not

touching. In infant feeding, it may be helpful to touch the baby and not the mother.)

- Our non-verbal communication often demonstrates to a mother or caregiver our approval or disapproval of a situation.
- We should be careful to avoid allowing our own views on certain subjects, e.g. religion, to be expressed in a counselling situation where it might appear as though we are judging a mother.

Demonstration 4.1 B Closed Questions to Which she can Answer 'Yes' or 'No'

Community

health volunteer: "Good morning, (name). I am (name), the community midwife. Is (child's name) well?"

Mother: "Yes, thank you."

Community

health volunteer: "Are you breastfeeding him?"

Mother: "Yes."

Community

health volunteer: "Are you having any difficulties?"

Mother: "No."

Community

health volunteer: "Is he breastfeeding very often?"

Mother: "Yes."

Ask: What did the Community health volunteer learn from this mother?

Comment: The Community health volunteer got 'yes' and 'no' for answers and didn't learn much. It can be difficult to know what to say next.

Demonstration 4.1.C Open Ended Questions

Community

health volunteer: "Good morning, (name). I am (name), the community midwife. How is (child's name)?"

Mother: "He is well, and he is very hungry."

Community

health volunteer: "Tell me, how are you feeding him?"

Mother: "He is breastfeeding. I just have to give him one bottle feed in the evening."

Community health volunteer: “What made you decide to do that?”

Mother: “He wants to feed too much at that time, so I thought that my milk is not enough.”

Ask: What did the Community health volunteer learn from this mother?

Comment: **The Community health volunteer asked open ended questions. The mother could not answer with a ‘yes’ or a ‘no’, and she had to give some information. The Community health volunteer learnt much more.**

Demonstration 4.1.D Starting and Continuing a Conversation

Community health volunteer: “Good morning, (name). How are you and (child’s name) getting on?”

Mother: “Oh, we are both doing well, thank you.”

Community health volunteer: “How old is (child’s name) now?”

Mother: “He is two days old today.”

Community health volunteer: “What are you feeding him on?”

Mother: “He is breastfeeding, and having drinks of water.”

Community health volunteer: “What made you decide to give the water?”

Mother: “There is no milk in my breasts, and he doesn’t want to suck.”

Ask: What did the Community health volunteer learn from this mother?

Comment: *The Community health volunteer asks an open question, which does not help much. Then she asks two specific questions, and then follows up with an open question. Although the mother says at first that she and the baby are well, the Community health volunteer later learns that the mother needs help with breastfeeding.*

Demonstration 4.1.E Using Responses and Gestures Which Show Interest

The Community health volunteer is talking to a mother who has a one-year-old child

Community health volunteer:	“Good morning, (name). How is (child’s name) now that he has started solids?”
Mother:	“Good morning. He’s fine, I think.”
Community health volunteer:	““Mmm.” (Nods, smiles.)
Mother:	“Well, I was a bit worried the other day, because he vomited.”
Community health volunteer:	“Oh dear!” (Raises eyebrows, looks interested.)
Mother:	“I wondered if it was something in the stew that I gave him.”
Community health volunteer:	“Aha!” (Nods sympathetically).
Ask:	How did the Community health volunteer encourage the mother to talk?

Comment: **The Community health volunteer asked a question to start the conversation. Then she encouraged the mother to continue talking with responses and gestures.**

Demonstration 4.1.F Reflecting Back

Community health volunteer:	“Good morning, (name). How are you and (child’s name) today?”
Mother:	“He wants to feed too much - he is taking my breast all the time!”
Community health volunteer:	“(Child’s name) is feeding very often?”
Mother:	“Yes. This week he is so hungry. I think that my milk is drying up.”
Community health volunteer:	“He seems more hungry this week?”
Mother:	“Yes, and my sister is telling me to breastfeed him more often”
Community health volunteer:	“Your sister says that he needs to breastfeed more?”

Mother: “Yes. How often should i breastfeed?”

Ask: What did the Community health volunteer learn from the mother?

Comment: **The Community health volunteer reflects back what the mother says, so the mother gives more information.**

Demonstration 4.1 G Empathy

Community health volunteer: “Good morning, (name). How are you and (child’s name) today?”

Mother: “He is not feeding well, I am worried he is ill”

Community health volunteer: “You are worried about him?”

Mother: “Yes, some of the other children in the village are ill and I am frightened he may have the same illness.”

Community health volunteer: “It must be very frightening for you.”

Ask: Do you think the Community health volunteer showed sympathy or empathy?

Comment: **Here the Community health volunteer used the skill of empathy twice. She said “You are worried about him” and “It must be very frightening for you.” In this second version the mother and her feelings are the focus of the conversation.**

Demonstration 4.1 H Empathy.

CHV talking to a pregnant mother who is HIV positive

Community health volunteer: “Good morning, (name). You wanted to talk to me about something? “Smiles.

Mother: “I tested for HIV last week and am positive. I am worried about my baby.”

Community health volunteer: “You’re really worried about what’s going to happen.”

Mother: “Yes I am. I don’t know what I should do?”

Ask: Do you think the Community health volunteer showed sympathy or empathy?

Comment: In the second version the Community health volunteer concentrated on the mother's concerns and worries. The Community health volunteer responded by saying "You're really worried about what's going to happen." This was empathy.

Identifying Judging Words

Demonstration 4.1 I Using Judging Words

The Community health volunteer is talking to a mother of a five-month-old baby. As you watch, look for judging words

Community health volunteer: "Good morning. Is (name) breastfeeding normally?"

Mother: "Well - I think so."

Community health volunteer: "Do you think that you have enough breast milk for him?"

Mother: "I don't know.....I hope so, but maybe not ..." (She looks worried.)

Community health volunteer: "Has he gained weight well this month?"

Mother: "I don't know....."

Community health volunteer: "May I see his growth chart?"

Ask: What did the Community health volunteer learn about the mother's feelings?

Comment: The Community health volunteer is not learning anything useful, but is making the mother very worried

Avoiding Judging Words

Demonstration 4.1 J Avoiding Judging Words

Community health volunteer: "Good morning. How is breastfeeding going for you and (child's name)?"

Mother: "It's going very well. I haven't needed to give him anything else."

Community health volunteer: "How is his weight? Can I see his growth chart?"

Mother: "Nurse said that he gained more than half a kilo this month. I was pleased."

Community health volunteer: “He is obviously getting all the breast milk that he needs.”

Ask: What did the Community health volunteer learn about the mother’s feelings?

Comment: **This time the Community health volunteer learnt what she needed to know without making the mother worried. The Community health volunteer used open questions to avoid using judging words.**

5.2: BUILDING CONFIDENCE AND SUPPORT SKILLS

Demonstration 5.1 A Accepting What a Mother Thinks

Mother: “My milk is thin and weak, and so I have to give bottle feeds.”

Community health volunteer: “Oh no! Milk is never thin and weak. It just looks that way.”
(nods, smiles.)

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an inappropriate response, because it is disagreeing.**

Mother: “My milk is thin and weak, so I have to give bottle feeds.”

Community health volunteer: “Yes – thin milk can be a problem.”

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an inappropriate response because it is agreeing.**

Mother: “My milk is thin and weak, so I have to give bottle feeds.”

Community health volunteer: “I see. You are worried about your milk.”

Ask: Did the Community Health Volunteer agree, disagree or accept?

Comment: **This is an appropriate response because it shows acceptance.**

Demonstration 5.1 B Accepting What a Mother Feels

This mother has a nine-month-old baby

Mother (in tears): “It is terrible, (child’s name) has a cold and his nose is completely blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “Don’t worry, your baby is doing very well.”

Ask: Was this an appropriate response?

Comment: **This is an inappropriate response, because it did not accept the mother’s feelings and made her feel wrong to be upset.**

Mother (in tears): “It is terrible, (child’s name) has a cold and his nose is completely blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “Don’t cry – it’s not serious. (Child’s name) will soon be better”

Ask: Was this an appropriate response?

Comment: **This is an inappropriate response. By saying things like “don’t worry” or “don’t cry” you make a mother feel it is wrong to be upset and this reduces her confidence.**

Mother (in tears): “It is terrible, (child’s name) has a cold and his nose is completely blocked and he can’t breastfeed. He just cries and I don’t know what to do.”

Community health volunteer: “You are upset about (child’s name) aren’t you?”

Ask: Was this an appropriate response?

Comment: **This is an appropriate response because it accepts how the mother feels and makes her feel that it is alright to be upset. Notice how, in this example, empathizing was used to show acceptance. So this is another example of using a listening and learning skill to show acceptance.**

Demonstration 5.1 C Using Simple Language

Community

health volunteer: “Good morning (name). What can I do for you today?”(name)?”

Mother: “Can you tell me what foods to give my baby, now that she is six months old.”

Community

health volunteer: “I’m glad that you asked. Well now, the situation is this. Most children need more nutrients than breast milk alone when they the need for other micronutrients like vitamin A is higher than what is provided by breast milk.

“However, if you add foods that aren’t prepared in a clean way it can increase the risk of diarrhoea and if you give too many poor quality foods the child won’t get enough calories to grow well.”

Ask: What did you observe?

Comment: The health worker is providing too much information. It is not relevant to the mother at this time. She is using words that are unlikely to be familiar to the mother.

Demonstration 5.1 D Using Simple Language

Community

health volunteer: “Good morning (name). How can I help you? “

Mother: “Can you tell me what foods to give my baby, now that she is six months old?”

Community

health volunteer: “You are wondering about what is best for your baby. I’m glad you have come to talk about it. It is usually a good idea to start with a little porridge to get him used to the taste of different foods. Just two spoons twice a day to start with.”

Ask: What did you observe this time?

Comment: The Community Health Volunteer explains about starting complementary foods in a simple way.

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ANNEX 6

PREPARING A YOUNG CHILD'S MEAL

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Annex on: PREPARING A YOUNG CHILD'S MEAL		
Group:		
Age of child	Achieved (Yes/No)	Comments
Food groups:		
Grains, grain products and other starchy foods such as sorghum, maize. Spaghetti, rice cassava, white fleshed sweet potato, bread, etc		
Legumes and nuts (beans, lentils, green grams, cow peas, pea nuts e.tc		
Flesh foods (beef, goat)		
Dairy and dairy products (fresh milk, yoghurt, cheese, etc)		
Eggs		
Vitamin A rich fruits and vegetables (e.g. pumpkin, carrots, orange flesh sweet potatoes, green leafy vegetables, yellow orange coloured fruits		
Other fruits and vegetables such as oranges, pineapples, passion fruits		
Consistency/Texture		
Amount		
Prepared in a clean and safe manner		

ANNEX 7

MOH 100 - COMMUNITY REFERRAL FORM

SECTION A: Patient /Client Data	
Date:	Time of referral:
Name of the patient:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:
Name of Community Health Unit:	
Name of Link Health Facility:	
Reason(s) for Referral	
Main problem(s):	
Treatment given:	
Comments:	
CHV Referring the Patient:	
Name:	Mobile No:
Village/Estate:	Sub Location:
Location:	
Name of the community unit:	
Receiving Officer:	
Date:	Time:
Name of the officer:	
Profession:	
Name of the Health facility:	
Action taken:	
SECTION B : Referral back to the Community	
Name of the officer:	Mobile No:
Name of CHV:	Mobile No:
Name of the community unit:	
Call made by referring officer:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Kindly do the following to the patient:1.	

Official Rubber Stamp & Signature _____

ANNEX 8

MOH 514 - SERVICE DELIVERY LOG BOOK

MOH514

Service Delivery Log Book

Referrals	Known cases of chronic illness referred	Defaulters				Death		Remarks											
		P	Q	R	S	T	U		V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
Pregnant woman referred for ANC (✓/X/ N/A)	Pregnant woman referred for skilled delivery(✓/X/ N/A)	Woman referred for family planning services (✓/X/ N/A)	Home delivery referred for Post Natal Care (PNC) Services (✓/X/ N/A)	Child 0-11 months referred for immunization(✓/X/ N/A)	Child 6-59 months referred for Vitamin A supplementation (✓/X/ N/A)	Cough more than 2 weeks referred (✓/X/ N/A)	Referred for HIV Counselling and Testing (HCT) (✓/X/ N/A)	Elderly (60 or more) referred for routine health check-ups(✓/X/ N/A)	a=Diabetes b=Cancer c=Mental illness d=Hypertension e=Others (specify) f=None	ANC defaulter referred(✓/X/ N/A)	Immunization defaulter referred (✓/X/ N/A)	TB treatment defaulter traced and referred(✓/X/ N/A)	ART defaulter traced and referred (✓/X/ N/A)	HIV exposed infant defaulters traced and referred(✓/X/ N/A)	No. of deaths in the month a=0-28 days b= 29 days-11 months c=12-59 months d=Maternal e=Other deaths				Remarks/ Other services

HOUSEHOLD LEVEL INDICATORS					
Date of Data Collection	Village Name	Household Number	Household has a functional latrine in use (✓/X)	Household with hand washing facilities (✓/X)	Household using treated water (✓/X)
AG*	AH*	AI*	AJ	AK	AL

AG*, AH*, AI* contain data similar to A, B and C respectively.

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ANNEX 9

COUNSELING/EDUCATION TOPICS PER BFCI STEP

.....

Step	Topics to be covered
Step 3: Promote optimal maternal nutrition among women and their families	<ol style="list-style-type: none">1. Importance of good maternal nutrition2. Consequences of malnutrition (underweight and overweight/obesity) during pregnancy3. Promotion of appropriate maternal nutrition through consumption of diversified diet and extra meals4. Consumption of iron rich foods and how to increase iron intake in foods5. Maternal nutrition assessment (including weight monitoring for pregnant women) and counseling within the healthcare system.6. Importance of gaining adequate weight during pregnancy7. Effects of anemia in pregnancy8. Anemia control in pregnancy through<ol style="list-style-type: none">a. dietary diversification andb. strengthening uptake and utilization of ironc. Malaria controld. Deworming9. Benefits of IFAS during pregnancy10. IFAS policy11. Importance of attending Ante Natal Clinic (ANC) in the first trimester (1st three months)12. Importance of early HIV testing during ANC visit13. Importance of tetanus vaccine during pregnancy14. Importance of male accompaniment to the ANC clinic15. Family support to pregnant women16. Family support to HIV positive women

Step 4: Inform all pregnant women and their families about the benefits of breastfeeding and risks of artificial feeding

1. Advantages of breast milk
2. Advantages of breast feeding to the mother and the baby
3. Nutrients in human milk
4. differences in quality of protein and fats in human milk as compared to other milks
5. Duration and importance of exclusive breast feeding for 6 months
6. Importance of early initiation
7. Feeding the baby on colostrum in the first days of birth
8. Benefits of colostrum
9. Risks of not breastfeeding
10. Disadvantages of mixed feeding
11. Dangers of using bottles, teats and pacifiers
12. How breast feeding works (removal and manufacturer of milk for the next feed to address problem of not enough milk), attachment and positioning (importance of feeding on demand)
13. Focus on changing negative attitudes and perceptions which set up barriers to exclusive breastfeeding and continued breastfeeding
14. Lactation amenorrhea (LAM)-exclusive breast feeding as a family planning method)- does it work- 3 criteria that must be met for LAM to be effective as a family planning method
15. Advantages of family planning
16. Prevention of mother to child transmission during –pregnancy, labour and delivery, and during breastfeeding
17. Basic facts about HIV-exclusive breast feeding and use of ARVS for HIV positive mothers
18. Importance of male accompaniment to ANC
19. Birth plan during pregnancy
20. Importance of having a companion during labour and delivery
21. Counselling family members to support a mother during birth and delivery
22. Importance of Hygiene during pregnancy and delivery

Step 5: Support mothers to initiate breastfeeding within the first one hour of birth, establish and maintain exclusive breastfeeding for first six months

1. Why early initiation of breast feeding
2. How to do early initiation within the first one hour of birth (Skin to skin contact)
3. Importance of early initiation
4. Breastfeeding on demand-why
5. Signs of recognizing hunger cues from the baby
6. Good attachment-4 key points of good attachment
7. Good positioning-4 key points of good positioning
8. Effective suckling-4 key points of effective suckling
9. Results of poor positioning and attachment
10. Expressing breast milk-in which situation
11. Stimulation of oxytocin
12. How to express breast milk
13. How often to express
14. Storing breast milk-how long
15. How to warm breast milk
16. Common breast feeding difficulties and how to address them-
 - a. Not enough milk
 - b. Baby crying a lot
 - a. Breast refusal
17. Common breast conditions and how to prevent
18. Importance of attendance to child welfare clinic for immunization and growth monitoring every month
19. Importance of adequate diet for a breastfeeding mother
20. Referral to health facility in case of a problem

Step 6: Encourage sustained breastfeeding beyond six months to two years or more alongside timely introduction of appropriate, adequate and safe complementary foods

1. Benefits of continued breastfeeding upto 2 years
2. Age of introduction of complementary feeds
3. Complementary feeding criteria
 - Frequency
 - Amount
 - Texture (Thickness)
 - Timely introduction
 - Variety
 - Active feeding
 - Hygiene
4. Dangers of starting other foods too soon
5. Dangers of starting other foods too late
6. Iron gaps after 6 months and feeding on iron rich foods
7. Vitamin A gaps and feeding on vitamin A rich food
8. What is the frequency of feeding as per age?
9. What is the quantity/amount of food as per age?
10. Variety of food to be offered

	11. Active and responsive feeding
Step 7: Provide a welcoming and conducive environment for breastfeeding families	<ol style="list-style-type: none"> 1. Establishment of designated breastfeeding rooms/ corner for breastfeeding mothers <ol style="list-style-type: none"> a. running water, sink b. Bench for changing babies c. IEC materials d. Friendly colors 2. advocating for baby friendly workplace 3. advocating for Family involvement (mother in-law, husbands, relatives) 4. Companion accompaniment to the facility
Step 8: Provide a welcoming and conducive environment for breastfeeding families	<ol style="list-style-type: none"> 1. Establishment of mother support groups 2. Deciding on activities of the support groups 3. collaboration with the staff

ANNEX 10

MONTHLY REPORTING TOOL FOR PREGNANT AND NEW MOTHERS

MONTH_____		MONTH_____		MONTH_____	
Record the number of:					
<input type="checkbox"/>	Early pregnancy visits (0-6m)	<input type="checkbox"/>	Early pregnancy visits (0-6m)	<input type="checkbox"/>	Early pregnancy visits (0-6m)
<input type="checkbox"/>	Late pregnancy visits (7-9m)	<input type="checkbox"/>	Late pregnancy visits (7-9m)	<input type="checkbox"/>	Late pregnancy visits (7-9m)
<input type="checkbox"/>	New mother visits (0-6m)	<input type="checkbox"/>	New mother visits (0-6m)	<input type="checkbox"/>	New mother visits (0-6m)
<input type="checkbox"/>	Group sessions	<input type="checkbox"/>	Group sessions	<input type="checkbox"/>	Group sessions
<input type="checkbox"/>	Number of pregnant women this month	<input type="checkbox"/>	Number of pregnant women this month	<input type="checkbox"/>	Number of pregnant women this month
<input type="checkbox"/>	Number of babies born this month	<input type="checkbox"/>	Number of babies born this month	<input type="checkbox"/>	Number of babies born this month
<input type="checkbox"/>	Any low birth weight babies <2.5kg	<input type="checkbox"/>	Any low birth weight babies <2.5kg	<input type="checkbox"/>	Any low birth weight babies <2.5kg



ANNEX 11

FORM 1 - INDIVIDUAL INFANT AND YOUNG CHILD FEEDING AND GROWTH MONITORING RECORD

- 1. Village name: _____
- 2. Household number: _____
- 3. CHVs Name: _____

Form 1 - Individual-Child Feeding Practices

<p>MOTHER</p> <p>2. Mother's name:</p> <p>3. Mother's Age..... 4. Parity:.....</p>	<p>INFANT</p> <p>5. Baby's date of birth (day/month/year)/...../.....</p> <p>6. Baby's weight at birth (kg and g).....</p> <p>7. Low Birth Weight (if < 2,500 g, tick the box)</p>	<p>PRE-LACTEAL FEEDING</p> <p>9. In addition to breastmilk, what was the child given to drink/eat in the first three days of life?</p> <p>9.1. Water/other liquids ; 9.2. Milk (not breastmilk)/infant formula <input type="checkbox"/> ;</p> <p>9.3. Others specify <input type="checkbox"/> 9.4. None <input type="checkbox"/></p>																																																																									
<p>EARLY INITIATION</p> <p>8. The child put to the breast/breastfed?</p> <p>8.1. Within 1 hour after delivery <input type="checkbox"/> ;</p> <p>8.2. Later than 1 hour after delivery <input type="checkbox"/></p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 5%;">10. Date of the visit (day month/year)</td> <td style="width: 5%;">1 to 1.9</td> <td style="width: 5%;">2 to 2.9</td> <td style="width: 5%;">3 to 3.9</td> <td style="width: 5%;">4 to 4.9</td> <td style="width: 5%;">5 to 5.9</td> <td style="width: 5%;">6 to 6.9</td> <td style="width: 5%;">7 to 7.9</td> <td style="width: 5%;">8 to 8.9</td> <td style="width: 5%;">9 to 9.9</td> <td style="width: 5%;">10 to 10.9</td> <td style="width: 5%;">11 to 11.9</td> </tr> <tr> <td style="width: 5%;">11. Infant's age at the moment of the visit (in months)</td> <td style="width: 5%;">0 to 0.9</td> <td style="width: 5%;">1 to 1.9</td> <td style="width: 5%;">2 to 2.9</td> <td style="width: 5%;">3 to 3.9</td> <td style="width: 5%;">4 to 4.9</td> <td style="width: 5%;">5 to 5.9</td> <td style="width: 5%;">6 to 6.9</td> <td style="width: 5%;">7 to 7.9</td> <td style="width: 5%;">8 to 8.9</td> <td style="width: 5%;">9 to 9.9</td> <td style="width: 5%;">10 to 10.9</td> </tr> <tr> <td style="width: 5%;">12. Baby's weight during the visit (in kg and g)</td> <td colspan="11"></td> </tr> <tr> <td style="width: 5%;">13. Did you breastfed the child in the last 24 hours?</td> <td colspan="11"></td> </tr> <tr> <td style="width: 5%;">14. In the last 24 hours did you give the child water or other fluids?</td> <td colspan="11"></td> </tr> <tr> <td style="width: 5%;">15. Is the child given powder milk, condensed milk, infant formula?</td> <td colspan="11"></td> </tr> </table>			10. Date of the visit (day month/year)	1 to 1.9	2 to 2.9	3 to 3.9	4 to 4.9	5 to 5.9	6 to 6.9	7 to 7.9	8 to 8.9	9 to 9.9	10 to 10.9	11 to 11.9	11. Infant's age at the moment of the visit (in months)	0 to 0.9	1 to 1.9	2 to 2.9	3 to 3.9	4 to 4.9	5 to 5.9	6 to 6.9	7 to 7.9	8 to 8.9	9 to 9.9	10 to 10.9	12. Baby's weight during the visit (in kg and g)												13. Did you breastfed the child in the last 24 hours?												14. In the last 24 hours did you give the child water or other fluids?												15. Is the child given powder milk, condensed milk, infant formula?											
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Guidelines for Completing Form 1- Infant and Young Child Feeding and Growth Monitoring Record:

1. The record is to be filled at the village level by the CHV who may be supported by the lead mother
2. One record per child is used.
3. The record is kept with the CHV assigned to the current family/child.
4. The record is initiated as soon as possible after the birth of the child and is updated on monthly basis, thereafter.
5. At the first visit (as soon as possible after delivery), the CHV should complete questions 1 through 9:
 - Question 1: write down the name of the village, household number and the name of the CHV.
 - Questions 2 and 3: ask and write down the name of the mother and her age in years.
 - Question 4: ask and write down child's number in the family. Is he/she the 1st, the 2nd, the 3rd, etc. child in the family?
 - Questions 5 & 6: write down the name and the date of birth by indicating the day, the month, and the year of birth
 - Question 7: write down the weight of the baby at birth. It is very important to weigh the child after the birth and write down his/her weight for future monitoring of the baby growth and for giving specific advice for low-birth-weight newborns [see below under follow-up actions]. Write down the weight of the baby in grams [example: 3,500 g]. If the child weigh less than 2,500 g, tick the box for Low Birth Weight Baby;
 - For question 8, tick "☑" in the box 8.1 if the mother put the baby to the breast within 1 hour after delivery. If the mother put the baby to the breasts later than 1 hour after delivery tick-in the box 8.2.
 - For question 9, tick-in the box 9.1 if the mother gave the child water or other liquids; tick-in the box 9.2 if the mother gave milk (not breastmilk) or infant formula; and tick-in the box 9.3 if the child was given other liquids in the first 3 days after birth
6. At the first and subsequent visits, the CHV fills in the following questions:
 - For question 10, write down the date, the month and the year of your visit to the family/child
 - For question 11, ask the mother how old is the child and write down her answer.
 - For question 12, ask the mother to provide the mother child booklet and record the weight of the child indicated for that month. Write down the infant's weight in grams [example: 3,500 g].
 - For question 13, 14, 16, 17, 18 it is very important to refer to the last 24 hours.
 - For question 16 is very important to stress the consistency of the food. The liquid part of soup or broths is not considered a solid or semi-solid food. Soup with mashed vegetables is considered a semi-solid food. Examples of complementary foods include mashed potatoes; rice with vegetables, meat, fish, eggs; fruit; other family food.
 - In question 19 mention the key recommendations provided to the mother. [Examples: (a) Continue exclusive breastfeeding. Do not give water or other liquids; (b) Increase the frequency of breastfeeding sessions to at least 8 during the day and the night; etc.]
 - Please ask mother to sign the record. This will be used for monitoring purposes.

Follow-up actions:

- i. At the first visit (immediately after the birth) provide support for immediate and exclusive breastfeeding;
- ii. If the newborn is less than 2,500g, pay particular attention to the following recommendations: (a) keeping the baby warm (kangaroo method or skin-to skin care), (b) paying extra-attention to hygiene and frequent hand-washing, and (c) assisting with early & exclusive breastfeeding [provision of cup feeding if necessary]. Because babies with less than 2,500g are at higher risk of becoming ill and dying, it is important to inform the mother and other family members on the importance of seeking immediate medical care if any of the following danger signs arise in the baby:
 - a. stops feeding or is not feeding well;
 - b. is difficult to awake;
 - c. becomes restless, irritable, or unconscious;
 - d. has fever;
 - e. is cold;
 - f. has difficulty breathing;
 - g. has diarrhoea;
 - h. shows any other worrying sign;
 - i. Inform health workers on all the cases of birth of low-birth weight babies.
- iii. At the subsequent visits, identify key breastfeeding and/or complementary problems and counsel the mother and other family members. Write down main recommendations in the record (ex. continue exclusive BF; do not give water or other liquids before 6 months of age; initiate giving meat or fish or eggs at 6 months of age, address any problems with breastfeeding (mastitis, insufficient breastmilk).

- iv. Assess if the baby is growing well and make recommendations.
- v. If the case is more serious and the child needs specific services or specialized nutrition advice refer the caretaker/child to the closest facility for support/advice.

At every visit, sign the record and ask the mother to sign it as well.



ANNEX 12

S/CHMT SUPERVISION CHECKLIST

NAME OF PERSONS SUPERVISING:

DATE OF VISIT (DD/MM/YY):

NAME OF COMMUNITY UNIT ATTACHED TO THE FACILITY:

NAME OF HEALTH FACILITY:

CRITERIA 1: FUNCTIONAL COMMUNITY MOTHER SUPPORT GROUP (CMSG)

Is there a CMSG?	Yes ()	No () and reason
If yes, what is its composition? Core members (CHEW, Nutritionist, Chief/assistant chief, CHVS and CHCs representative, lead mothers)	Yes ()	No () and reason
Does the CMSG meet bi-monthly? If yes, check minutes/reports for CMSG	Yes ()	No () and reason
Is there a plan for bi-monthly (after every two months) baby friendly meetings with clear roles of key players available?	Yes ()	No () and reason
Is there evidence of clear documentation of CMSG activities?	Yes ()	No () and reason

CRITERIA 2: FUNCTIONAL MOTHER-TO-MOTHER SUPPORT GROUP (M2MSG)

Are there Mother to Mother Support Groups (M2MSG)? If Yes, how many M2MSGs? [_____] How many members in the M2MSG? [_____] If more than one M2MSG, provide membership for each	Yes ()	No () and reason
Does the M2MSG meet monthly? If yes, check minutes/reports (Observe and check records)	Yes ()	No () and reason
Is there a functional referral system from the facility to M2MSG? (Check record whether there is a referral book from facility to community either through maternity or MNCWC)	Yes ()	No () and reason

CRITERIA 3: TARGETED HOME VISITS

Have the CHVs conducted targeted home visits? (Check records)	Yes ()	No () and reason
--	---------	-------------------

	Is there clear documentation of number of women reached? (Check records)	Yes ()	No () and reason
	Are there reports compiled by the CHEW/CHV from the individual child feeding and growth monitoring form?	Yes ()	No () and reason
CRITERIA 4: BI-MONTHLY BABY FRIENDLY COMMUNITY MEETINGS			
	Is there clear documentation of bi monthly baby friendly meetings?	Yes ()	No () and reason
	Did the activities conducted in the previous meeting include cooking demonstrations on appropriate adequate, safe complementary foods?	Yes ()	No () and reason
	Was there inclusion of other health promotion activities during the baby friendly community meetings? If yes, list the activities	Yes ()	No () and reason
	Did other community members, in addition to pregnant and lactating mothers, attend the baby friendly meetings? (Check report)	Yes ()	No () and reason
CRITERIA 5: MONTHLY MEETING FOR COMMUNITY HEALTH VOLUNTEERS (CHVs)			
	Are monthly CHVs meetings conducted? (check evidence of documentation)	Yes ()	No () and reason
	Was BFCI agenda included during the CHVs meetings? (check evidence of documentation)	Yes ()	No () and reason
	Were follow-up actions for BFCI carried out? (check evidence of documentation)	Yes ()	No () and reason
CRITERIA 6: REGULAR TRAININGS FOR CHVS ON BFCI			
	Have all CHVs been trained on BFCI? (confirm whether there are new additional after drop outs)	Yes ()	No () and reason
	Once a year, the complete training is offered to replacement volunteers (new volunteers that replace drop-out volunteers).	Yes ()	No () and reason
CRITERIA 7: SUPPORT FOR HIV POSITIVE MOTHERS			
	Does the facility offer PMTCT HIV services?	Yes ()	No () and reason
	Facility fully independent in offering PMTCT services (Check records)	Yes ()	No () and reason
CRITERIA 8: BABY FRIENDLY COMMUNITY RESOURCE CENTRE			
	Is there a BFCI resource centre in the facility or community? (Observe)	Yes ()	No () and reason

	Are there adequate IEC materials in the resource centre? (Observe)	Yes ()	No () and reason
	Is there evidence of use for the resource centre? (Check attendees to the centre)	Yes ()	No () and reason
CRITERIA 9: MONITORING AND SUPERVISION			
	Does the CHEW monitor activities of the CHVs?	Yes ()	No () and reason
	Are there compiled reports by the CHEW from individual child feeding and growth monitoring form?	Yes ()	No () and reason
CRITERIA 10: FACILITY OBSERVATION			
	Does the facility have a written MIYCN policy summary statement present and displayed in all relevant areas of the health facility (MCH, maternity, paediatric wards, notice boards, Critical Care Centre)	Yes ()	No () and reason
	Labour and delivery area Yes No Area does not exist		
	Antenatal clinic Yes No Area does not exist		
	Postpartum ward/room Yes No Area does not exist		
	Well baby clinics/Rooms Yes No Area does not exist		
	ANC inpatient ward Yes No Area does not exist		
	Consultation rooms Yes No Area does not exist		
	Special baby units Yes No Area does not exist		
	PMTCT clinic Yes No Area does not exist		
	Waiting Bay Yes No Area does not exist		
	Paediatric ward Yes No Area does not exist		
	Is the MIYCN policy statement displayed, illustrated in a pictorial and/or any other possible way of simplifying, contextualized and understood by the local population?	Yes ()	No () and reason
	Are pregnant women attending the MNCWC given IFAS supplementation at the health facility?	Yes ()	No () and reason
	Does the PCF conduct health talks to educate mothers on the benefits of breast feeding? (If schedule and topic covered not present circle No)	Yes ()	No () and reason
	Does the PCF have hand washing facilities in points accessible by mothers/caregivers? (Check for leaky pit in close to toilets and other hand washing facilities)	Yes ()	No () and reason

ANNEX 13

CHEW SUPERVISION CHECKLIST

NAME OF CHEW -			
DATE OF VISIT (DD/MM/YY) -			
NAME OF VILLAGE -			
NAME OF COMMUNITY UNIT ATTACHED TO THE FACILITY -			
NAME OF HEALTH FACILITY -			
MONTHLY INFORMATION ON BFCI			
	Has the CHV submitted the monthly information for BFCI activities	Yes ()	No () and reason
	Are all records up to date?		
	Is the data in the individual child monitoring form complete for each child?		
The CHEW will accompany the CHV to the baby friendly gathering or mother support groups gathering, she/he may accompany the CHV to visit pregnant women, mothers and children in the community. During this time the CHEW may assess a few mothers through asking them questions			
FEEDBACK FROM MOTHER SUPPORT GROUPS			
	Is there any feedback from the mother support group about what is working well for BFCI or what is not working well?	Yes ()	No () and reason
Write the feedback in this row			
Questions for pregnant women			
	Have you been to the health centre for ANC?	Yes ()	No () and reason
	How many meals should you eat in one day when you are pregnant?	_____ (number of meals) (should be 4)	
	Are you taking iron tablets now? Any problems? (If problems, counsel the mother)	Yes / No (should be Yes) If No, why not?	
	What are the benefits of taking IFAS during pregnancy?		
	If a mother tested HIV positive for how is she supposed to feed the infant		
Questions for mothers with infants less than 6 months			
	How soon after giving birth were you able to put the baby to the breast?	_____ minutes/hours (should be within 1 hour)	
	What did you feed the baby in the first three days? What else?	(should be breastmilk only)	
	What do you feed the baby now?	(should be breastmilk only)	
	At what age (of the baby, in months) do you plan to start giving foods other than breastmilk to the baby?	_____ (number of months) (should be 6 months)	

ANNEX 14

SUMMARY OF BFCI ACTIVITIES

Activity	Summary of requirements
House hold mapping	<ul style="list-style-type: none">• Frequency – every 6 months as per CHS guidelines• As soon as CHVs are trained, they need to have a database of all pregnant women, breastfeeding mothers with children 0-23 months in their respective area of coverage• This database may be available if mapping of households through CHS has been done in the last 2 months
Targeted home visits	<ul style="list-style-type: none">• CHVs will visit individual mothers (both pregnant and lactating) in their households.• The CHVs will identify and visit the pregnant women as follows;<ul style="list-style-type: none">- Once every month up-to 34 weeks- Weekly until delivery and first one month- Once a month until 6 months- Thereafter according to need• The CHVs will visit breastfeeding mothers as follows;<ul style="list-style-type: none">- When the volunteer learns that a woman is pregnant- When a pregnant woman is close to her date of delivery (around the 8th month)- As soon as possible after the baby is born (at delivery or within 2 days (48 hrs) after delivery)- When the infant is about 5 1/2 months old to begin discussion on complementary feeding- When a child is sick• CHVs will always encourage pregnant and breastfeeding mothers to join and regularly attend mother-to-mother support groups
Mother-to-Mother Support Group meetings (CHVs and/or lead mothers meeting with caretakers, grandmothers, fathers, community leaders)	<ul style="list-style-type: none">• Frequency – Monthly (or more frequently if group decides)• Health facilities and CHVs will refer mothers to existing MtMSGs• Where they do not exist, CHVs will foster the establishment of such according to guidelines provided

	<p>CHVS will facilitate identification of a lead mother for each MtMSG who will ensure meetings are done and learning is taking place. The lead mother should be one who has leadership skills. The CHEW/CHV will continually build the capacity of the lead mothers for enhanced support. It is desirable that lead mothers receive training on BFCI</p> <ul style="list-style-type: none"> • A MtMSG meeting will last about 1-2 hours. • Activities during a meeting may include; <ul style="list-style-type: none"> - Experience sharing - Learning sequential BFCI topics (see annex 9) - Addressing mothers' concerns (knowledge, skill, experience, etc) • CHVs/Lead mothers will maintain documentation on attendance, topics discussed and any issues emanating from the meetings for action • CHVs will provide a report on MtMSGs
<p>Monitoring and supervision of the CHV by the CHEW</p>	<ul style="list-style-type: none"> • Using the CHEW/CHA supervision checklist (Annex 13), the CHEW will conduct regular supervision visits • The CHEW will supervise and follow up household visits and mother-to-mother support group meetings where they will observe the activities to ensure they meet stipulated guidance • A report will be required for each visit to mother support group and later consolidated in the monthly report
<p>Monitoring and supervision by CHMT and national team</p>	<p>Frequency</p> <ul style="list-style-type: none"> - Once every month for first 3 months, - then quarterly thereafter. <p>The teams will use the S/CHMT supervision checklist (Annex 12)</p>
<p>CHV review meetings</p>	<ul style="list-style-type: none"> • Frequency – Every Month • Activities include but are not limited to; <ul style="list-style-type: none"> - Feedback from CHVs to the SCHMT & CHEW (sharing experiences between villages within the CU) - Monthly reporting (Submission of FORM 1 forms to CHEW/Nutritionist) - Action planning according to need

Regular training and mentorship for CHV	<ul style="list-style-type: none"> • Frequency - Every month • This may be incorporated into all monthly meetings at the health facility but may be done at any other convenient time • Topics will be discussed based on identified knowledge/skills gaps among the CHVs • SCHMT and the CHEW will support the facilitation
Community Baby Friendly gatherings (organized by Community Mother Support Group (CMSG) members at the community level)	<ul style="list-style-type: none"> • Frequency - Once every 2 months • The CHVS with the support of the area chief should work together to gather mothers of children less than 2 years old for the monthly “Baby Friendly Gathering”. These are the primary target groups for “Baby-Friendly Gatherings”. • CHVs should also invite fathers, grandmothers, and older siblings to “Baby-Friendly Gatherings”. These people are important secondary targets for learning about improved child feeding. They have an important role in supporting the mother in caring for the child. • The gatherings will focus on promoting good breastfeeding and complementary feeding practices • The gatherings should take 1-3 hours in the morning or afternoon • Below are the suggested activities that may take place during the meeting; <ol style="list-style-type: none"> 1. Education and discussion sessions (by lead mother or CHV) with mothers about how to provide good nutrition and care for themselves and their young children 2. Cooking demonstrations and sharing healthy foods for children 6-23 months of age (enriched porridge, vitamin-rich fruits, for example) 3. Weighing of children (this is optional, if the MtMSG decides to include this component). • The CHEW/Nutritionist/Facility I/C will write an activity report • Other community health platforms like worship centres and chief’s barazas may be used to promote infant feeding practices
Annual BFCI meetings	<p>This meeting may be held after conducting BFCI self-assessment to review the coverage</p>

REPUBLIC OF KENYA



MINISTRY OF HEALTH



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